

CLINICAL APPRAISAL REQUEST

AGENCY
CLIENT

Name of Nurse/Person:	Nurses Grade/Classification:
Ward/Unit:	Date of Service:
Client Name:	

Competency	Clinically Excellent	Clinically Competent	Requires Assistance	Non-Competent
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Clinical Skills and Nursing Knowledge				
Punctuality/Reliable				
Time Management/Organisational Skills				
Follows workplace procedures & policies				
Communication & documentation skills				
Understands and applies infection control precautions				
Interpersonal skills/team player/patients & relatives				
Professional attitude/Workplace behaviour				
Professional appearance/uniform				
Knowledge & application of manual handling/lifting techniques				
Initiative/Work ethic				

Additional Comments:

Would you have this person back to your ward/unit? Yes No

Name of person completing report

Name:	Position:	Signature:
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Doc ID	Title	Owner	Date Approved	Last Printed
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