

**STAFF/PARTNER FEEDBACK FORM**

To partners - Please also complete attached progress report

To all members of the Primary Care Team

From: ..... (trainer)

To: .....

..... has been with us for ..... months and it is time for me to give him/her some feedback on his/her performance. I would be grateful if you could write some comments on the following areas and hand them back to me or leave in a sealed envelope.

Your comments are confidential but relevant points may be discussed with the registrar. Before revealing the source of the feedback, I would seek your permission.

1. How well does he/she communicate with you?

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2. Does he/she make appropriate use of your skills and knowledge?

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3. Are there areas of your work that he/she needs to know more about?

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4. How does he/she cope under pressure/manage time?

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5. Any feedback you have had from patients about him/her

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6. Your comments on strengths/weaknesses and ideas for improvement

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