



# STAFF FEEDBACK FORM FROM CLIENTS



Tianshi Care Australia (TSCA) encourages our service facilities to provide us feedback for our staff in order to further improve our services. We would appreciate your time in completing this short feedback form.

Name of Staff: \_\_\_\_\_ Staff ID Number (if known): \_\_\_\_\_

Name of Facility/Client: \_\_\_\_\_ Section (if any): \_\_\_\_\_

Date of Shift: \_\_\_\_\_ Time of Shift: \_\_\_\_\_ to \_\_\_\_\_

	EXCELLENT	GOOD	NEEDS IMPROVEMENT	UNSATISFACTORY
Behavior With Patients				
Professional Knowledge				
Communication Skills				
Decision Making Skills				
Emergency Handling				
Documentation Skills				
Hygiene Consciousness				
Lift/Manual Handling				
Punctuality				
Relationship with other staff				
Time Management				
Work Efficiency				
Clinical Issues				
Presentation – Uniform, ID				

COMMENTS/INCIDENT:

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Would you like us to send this staff again?

☐ YES

☐ NO

If No, would you consider this staff after extra training?

☐ YES

☐ NO

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Note: This information is confidential. No one else should read or reproduce it without a written consent from ANAV.

If you have received this letter by mistake, please notify us immediately and destroy this document.