

Assignment Evaluation Form (Please fax to 1-800-554-7501)

Date: _____

Name: _____
 Specialty: _____

Assignment Information

Company: _____
 Unit/Facility Name: _____
 Address: _____
 City, State, Zip: _____
 Facility Administrator: _____
 Phone: _____
 Fax: _____
 Shifts: _____
 Hours: _____
 On Call Hours: _____
 Number of Stations: _____
 Patient to Nurse Ratio: _____
 PCT to Nurse Ratio: _____
 Dialysis Machines Used: _____

Please rate the assignment on a scale from 1-10 (10 being best) in the following categories:

Working Conditions	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Facility Management	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Facility Staff	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Housing/Accommodations	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Quik Travel Staffing Support/Service	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Would you go back and why?	Yes No Maybe

Additional Comments or Suggestions for improving any of the above:

