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:

_____

_____

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175 East Olive Avenue, Suite 101 Burbank, California 91502 Tel: 800 554 2230 Fax: 800 554 7501