



121 Chief Albert Luthuli Street, Capital Towers Building
 Private Bag 9051, Pietermaritzburg, 3200
 Tel: 033 8467267 Fax: 033 8467280 Email: pharmacy.h@kznhealth.gov.za
 www.kznhealth.gov.za

QUARTERLY PROGRESS REPORT: PHARMACY INTERNS AND COMMUNITY SERVICE PHARMACISTS
 (TO BE COMPLETED AT THE END OF MARCH, JUNE, SEPTEMBER, and NOVEMBER)

NAME: PERSAL Number:

INSTITUTION: Date duty commenced:

QUARTER BEING REVIEWED (✓)	Quarter 1	Quarter 2	Quarter 3	Final quarter	
Work performance:	NEEDS IMPROVEMENT	SATISFACTORY	BETTER THAN SATISFACTORY	Comments	
Punctuality					
Attendance					
Teamwork and co-operation					
Accuracy of work					
Adherence to Standards					
Willingness to work additional hours when necessary					
Professional Conduct:					
Attitude towards: Other staff					
Tutor					
Patients					
Willingness to become involved in the life of the Pharmacy e.g. Journal Club, special events like Pharmacy Week, projects					
Willingness to accept additional responsibilities and tasks					
Initiative shown					
Personal Conduct:					
Dress and appearance					
Response to guidance or Counselling					
Responsibility towards Alcohol & Substance abuse					
Leave Taken: (Cumulative To Date)	Sick leave			Comment:	
	Vacation leave				
	Other (specify)				
Additional Comments – Pharmacy Manager			Additional Comments – Tutor		
NAME: SIGNATURE:	DATE		NAME: SIGNATURE:	DATE	
To Be Completed By Intern					
I have noted the above and I agree/do not agree with the report. Other comments:					
SIGNATURE: _____ DATE: _____					