



**Student Name:** Miss Nisha Abraham-Thomas  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 635925

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Priya Abrol  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639302

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

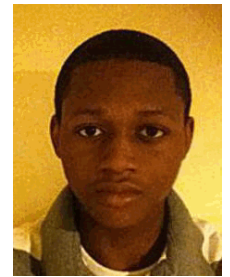
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Hisham Abubakar-Waziri  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641632

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Reeja Adel **CID:** 548470  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Fatima Ahmad **CID:** 635969  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Zakaria Ahmed  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642985

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Jong Seok Ahn **CID:** 635920  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Zaid Al-Fagih  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642151

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Mr Akmol Ali  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640807

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name	Student Signature
Signature	Date
	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Osama Al-Jibury  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637904

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Faisal Al-Mayahi **CID:** 644509  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Kajaluxy Ananthan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 594412

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Kimberley Yoshimi Anderson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593938

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Helena Angel-Scott  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639163

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Hiba Anis **CID:** 640926  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

<b>Consultant Name</b>	<b>Student Signature</b>
Signature <span style="float: right;">Date</span>	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Osama Anjum  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642309

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Miss Sharika Anjum  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641112

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Natalie Ansuh-Amponsah **CID:** 638211  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

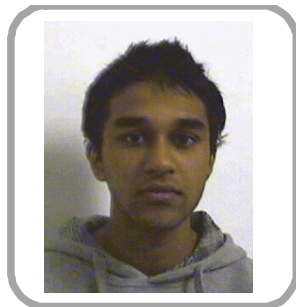
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Faraz Arfeen  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640371

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

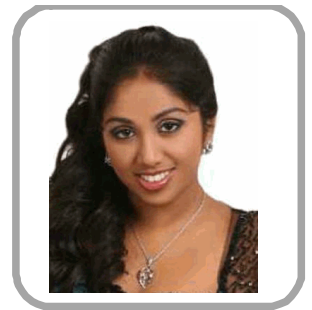
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Neelakshi Puspanjali Armugam  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637051

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Faizan Arshad  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642354

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Muhammad Arsalan Ashraf  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640222

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Rajveer Atkar **CID:** 639316  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Rebecca Louise Ayres  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640681

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Miss Hina Aziz  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 644144

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

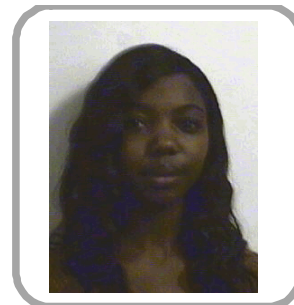
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Oreoluwa Bajomo  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593911

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Hitesh Bansal **CID:** 640770  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Andrew Barrie  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642205

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Tom Robert Barrow  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636165

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Henry Richard Beeston  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 509321

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Rosemary Belcher  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636533

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Sanjana Bhalla  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637914

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Mr Abhinav Bhansali **CID:** 641517  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Anuradha Bhide **CID:** 640216  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

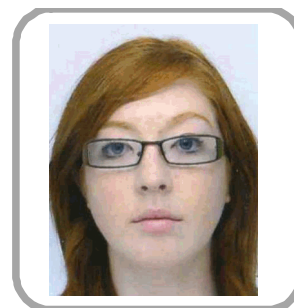
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Naomi Constance Black  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643172

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

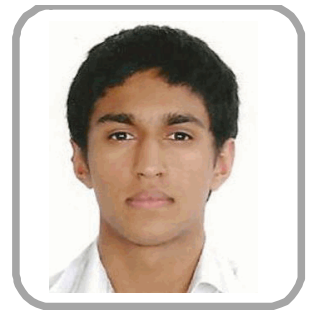
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Prashant Kumar Bohra  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639847

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Henry Bowyer **CID:** 640116  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Naomi Boyer  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636345

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr. Callum Francis Brehany  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 597530

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Daniel Sho Brickwood  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640060

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature	Date	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Miss Zelig Britton  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 597045

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Alastair George Brown **CID:** 640989  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Alice Hannah Brown  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 635896

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Rebecca Brown  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 595012

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Oliver Brunckhorst  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639929

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Helena Teresa Budarkiewicz  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637513

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Kevin George Buell  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640532

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Alexandra Burke-Smith **CID:** 636624  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

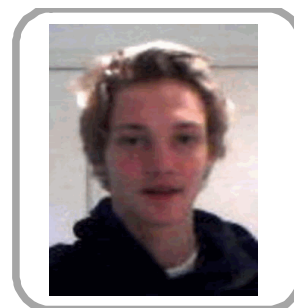
4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Mr Nicholas Bush **CID:** 641967  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Jessica Campbell  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639367

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

<b>Consultant Name</b>	<b>Student Signature</b>
Signature	Date
	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Nicholas Cereceda Monteoliva  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637911

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

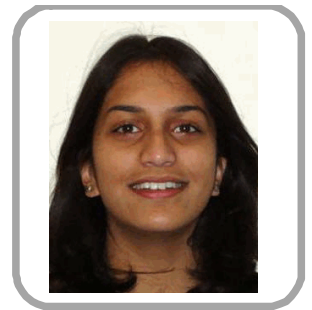
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Lakshmi Chandrasekaran  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639427

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

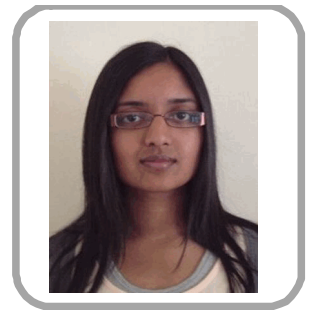
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Samantha Chandrasekera  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641342

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

<b>Consultant Name</b>	<b>Student Signature</b>
Signature <span style="float: right;">Date</span>	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Zain Chaudhry  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638623

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Amit Chawla  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636045

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Hashem Nawaz Cheema  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638840

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Miss Hannah Cheney Lowe  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642325

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Manikandar Srinivas Cheruvu  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 595691

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Mohmedarif Ismail Chhabu  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593833

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Germaine Rui Qi Chia  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643373

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature
Signature		Date
Date		Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Kimberley Mei Hui Chin-Goh  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638796

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Jennifer Vimbiso Chivinge  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637073

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Veidika Kishor Chohan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 596597

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Louis Zane Ray Choo  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638266

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Mr Paul James Tze Zhu Choong  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593284

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Mohammed Junaid Hafeez Choudri  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637993

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

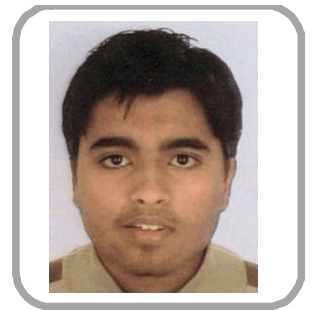
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

<b>Consultant Name</b>	<b>Student Signature</b>
Signature <span style="float: right;">Date</span>	Date

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Jasarat Ahmed Chowdhury  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641065

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Christopher Man-Foo Chung  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640534

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Henry Clancy **CID:** 641869  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Simon Clark  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642696

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Robert James Cleaver  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 595747

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Miss Natalie Victoria Condie  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640395

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**





**Student Name:** Miss Alexandra June Cox-Smith  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641286

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Frederick Cripps  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638018

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

1. **Has the student been in full attendance?** **YES / NO**

**If not, do they have an acceptable reason for absence?**

2. **Has (s)he participated fully in the activities defined?** **YES / NO**

3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns about his / her attitude or professional behaviour?**

5. **Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr George William Victor Cross  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640037

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**



**Student Name:** Mr Luke Alexander Peterkin Curwell  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 596331

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary aim, teaching will be on an informal basis. The Assessment Form is therefore much simpler than those for the later Year 3 Clinical attachments.

The form should be completed in the student's presence and the student should then return it to their site Teaching Co-ordinator.

**1. Has the student been in full attendance? YES / NO**

**If not, do they have an acceptable reason for absence?**

**2. Has (s)he participated fully in the activities defined? YES / NO**

**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**4. Do you have any concerns about his / her attitude or professional behaviour?**

**5. Are there any general comments you would like to make?**

Consultant Name		Student Signature	
Signature		Date	

**STUDENTS - Please return completed form to your site Teaching Co-ordinator together with a copy of your Patient Journey.**