



Student Name: Miss Nikita da Cunha **CID:** 626287
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

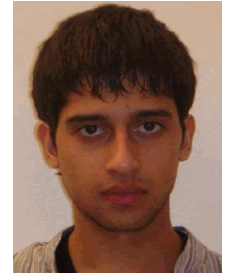
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Numair Damani **CID:** 643033
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.

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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 Akshay Date **CID:** 641483
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
Date		Date

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



Student Name: Miss Nia Elin Davies
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 592725

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 Sarah Margaret Dean
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 658180

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.

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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

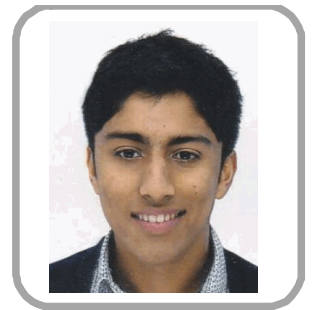
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Vikram Devalia
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640437

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 Monica Dhillon
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 28 November 2011 to 16 December 2011

CID: 643364

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.

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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 Mandeep Kaur Dhingra
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 637986

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.

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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 Ba Anh Tai Dinh **CID:** 643088
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: Mr Sean Done **CID:** 637118
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 Edward Donnely
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 639376

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.

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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 Amandeep Raj Singh Dosanjh
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 643153

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

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

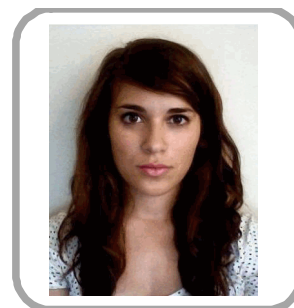
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Kristina Earle
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 639815

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.

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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 Matthew Edmondson
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 28 November 2011 to 16 December 2011

CID: 592756

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.

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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 Salma El-Konayyesi
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 28 November 2011 to 16 December 2011

CID: 641249

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.

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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 Caroline Ellis **CID:** 511348
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

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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 Sophie Jayne Ellis
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 637083

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.

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

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

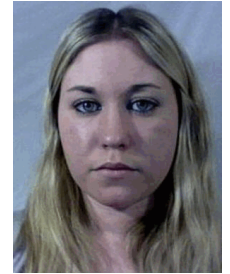
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Mia Alice Elven **CID:** 637450
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

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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?**

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Signature		Date	

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



Student Name: Mr Thomas Richard Emms
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 28 November 2011 to 16 December 2011

CID: 635777

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.

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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 Alisha Esmail
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638352

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.

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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 Mustafa Farooqi
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 641334

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.

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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 Umar Fiaz
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 642518

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.

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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 Hugh Ford **CID:** 641688
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.

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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 Alexander Freethy
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 642630

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.

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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 Tayla Furniss
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640864

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.

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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 Amish Garala
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 639827

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.

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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 Akanksha Garg
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 635986

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.

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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?

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Signature		Date	

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



Student Name: Mr Jack John Garnham **CID:** 593167
Attachment: Clinical Introductory Attachment
Hospital: West 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.

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



Student Name: Miss Catherine Anne Gaskell
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 637054

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.

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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 Geoghegan
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638659

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 Timothy Michael Gibbs **CID:** 643381
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: Mr Usman Goga **CID:** 642501
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon 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 Maeve Gemma Gough
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 642700

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 Sarah Elizabeth Grantham-Hill
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640958

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 Agampodi Thusitha Nuwan Gunasekara **CID:** 644511
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

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



Student Name: Mr Harry Gunn
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 639290

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

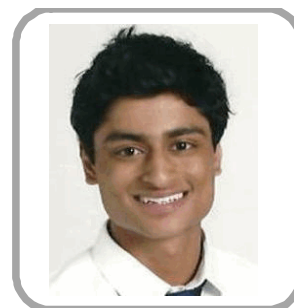
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Ankur Gupta **CID:** 594641
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: Mr Muhammad Sulaiman Bin Haji Sufardi **CID:** 642668
Attachment: Clinical Introductory Attachment
Hospital: West 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

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



Student Name: Mr Paul Halford **CID:** 592751
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon 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 Sandra Halim
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 28 November 2011 to 16 December 2011

CID: 636070

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 Wei Han
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 600624

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 Sean Kevin Harbison
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 28 November 2011 to 16 December 2011

CID: 643377

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 Alexander Harding **CID:** 640885
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: Miss Annabelle Harrison
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 642300

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

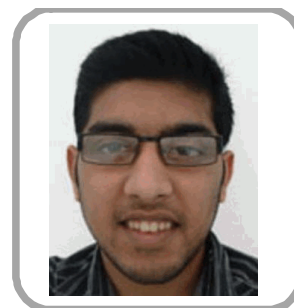
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Obaid-UI Haque Hashmi **CID:** 640713
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**

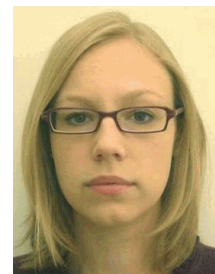
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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	

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



Student Name: Miss Lucy Hawkins
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638733

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: Ms. Anna Louise Heath **CID:** 598570
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
Date		Date

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



Student Name: Miss Jocelyn Elizabeth Heins
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638718

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 Abigail Heller
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 596874

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 Lorna Hemingway
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640272

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

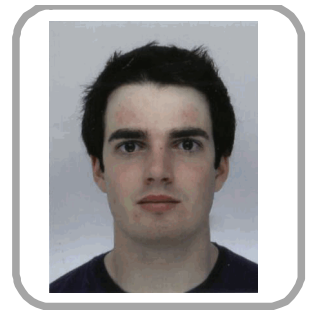
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Geraint Lloyd Herbert
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 643243

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 Harrison Howarth **CID:** 642519
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 Munim Adil Islam
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 594349

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 Aman Manohar Jain
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640855

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 Perna Sanjay Jain
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 636750

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 Raja Jambulingam
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 641486

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

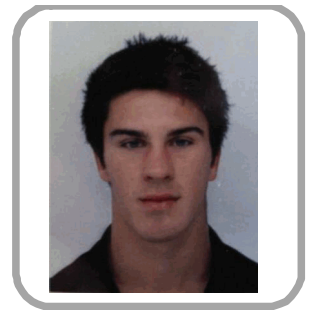
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Joseph Thomas James
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 595135

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 Roshni Janarthanan
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 28 November 2011 to 16 December 2011

CID: 639857

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 Katharine Jarrold
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638668

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 Nazesh Rana Javaid
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638326

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 Benjamin Joakim
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 641490

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 Shivani Joshi **CID:** 638411
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	

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



Student Name: Miss Fatema Kaderbhai
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 594480

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 Jahnvi Karia **CID:** 644239
Attachment: Clinical Introductory Attachment
Hospital: West 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: Mr Alexander Kerr
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 28 November 2011 to 16 December 2011

CID: 643150

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 Holly Khan **CID:** 641833
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
Date		Date

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



Student Name: Miss Minaal Khan **CID:** 642438
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
Date		Date

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



Student Name: Miss Umulqura Arshad Khan
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 28 November 2011 to 16 December 2011

CID: 607916

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

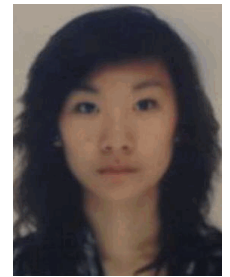
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Dain Samantha Kim
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640680

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 Kirk
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 644337

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 Angad Singh Kooner
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 28 November 2011 to 16 December 2011

CID: 596332

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 Foteini-Stefania Koumpa
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 28 November 2011 to 16 December 2011

CID: 641256

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 Kow **CID:** 635756
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

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



Student Name: Miss Kanyada Koysombat
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 636408

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 Monica Krivcevska
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638601

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 Priyantha Kulatilake **CID:** 638801
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: Mr Robert Kwan
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 28 November 2011 to 16 December 2011

CID: 640186

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 Ho-Ming Kwong
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 28 November 2011 to 16 December 2011

CID: 638215

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.