



**Student Name:** Mr Glory Yiu Sang Lai  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637913

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 Charlotte Lee **CID:** 641244  
**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 Danielle Lee **CID:** 642665  
**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		Date

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



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

**CID:** 639836

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 Terence Si Quan Lee  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642463

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

**CID:** 639494

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**

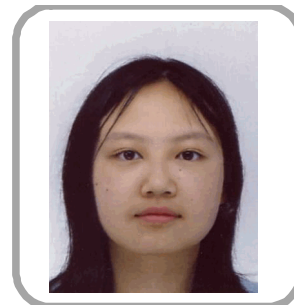
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Mimi Mengzhen Li  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636695

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**

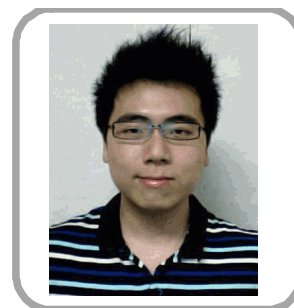
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Alphonseus Christopher Liew Yeong Cherng      **CID:** 635747  
**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?**

<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:** Miss Jiyu Kelly Lim  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 592138

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 James Liston **CID:** 641460  
**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 Hang Yi Fiona Liu  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593110

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 Tommy Tun Aye Lwin  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636226

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 Cecilia Olapeju Mafe  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640585

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 Paulina Luiza Majewska  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643623

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 Hammad Husnayn Malik  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640065

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 Salim Sultan Malik  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640545

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 Fahmida Mannan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640188

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 Heeba Maqbool  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639304

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 Claire Marsh **CID:** 638886  
**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 Connor Maxwell Martin  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641807

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 Junaid Masud  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639356

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**

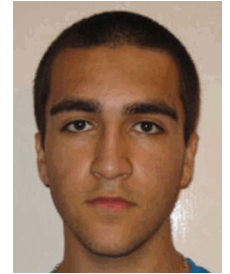
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Soheil Matiny-Boroumand  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642091

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 Ken Mawhinney  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 597934

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**

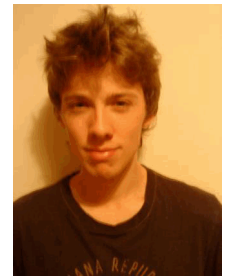
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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. Edward McDonald **CID:** 594894  
**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		Date

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





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

**CID:** 641502

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 McKee **CID:** 639291  
**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**

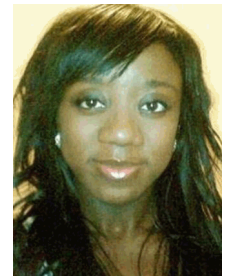
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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 Effie Miriam Menyah  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643867

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 Sophie Mary Middleton  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640883

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 Anisa Taufiq Moin  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638319

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 Kyung-Hoon Moon  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 553821

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 Nicholas James Moore  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 644205

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 Sian Morgan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593228

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 Maliha Moten **CID:** 638614  
**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:** Miss Zeenathnisa Mougammadou Aribou  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640879

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 Keshav Mudgal  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640808

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

**CID:** 638642

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 Najim **CID:** 595823  
**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:** Mr Tagore Nakornchai  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 591806

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 Syed Muhammad Umar Nasser  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642296

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**

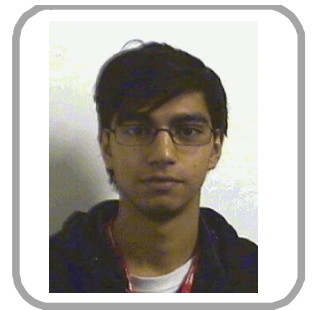
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Jeremy Warwick Neale  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639330

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 Christina Neophytou **CID:** 644470  
**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 James Nicholds **CID:** 595769  
**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:** Ms Chandni Nigam  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 596459

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 Munachi Nkere **CID:** 639517  
**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 Pawel Obrocki  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 644312

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 Lawrence O'Leary  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639190

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 Joon Faii Ong  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638900

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 Madeleine Clare Morland Openshaw  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639228

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 Naomi Oraha **CID:** 639381  
**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 Binita Panchasara  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638616

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 Kyriacos Loizos Papalouca  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 596133

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**

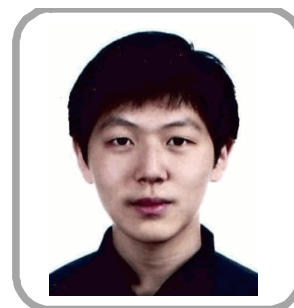
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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. John Gapdong Park  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593383

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 Anesh Patel **CID:** 640373  
**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:** Mr Ankur Patel **CID:** 641232  
**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**

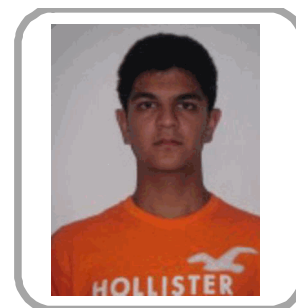
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Nikhil Manish Patel  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636228

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 Aaron Philip **CID:** 639966  
**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**

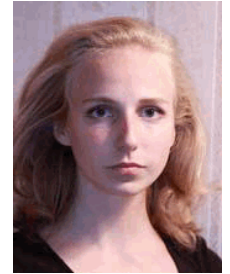
4. **Do you have any concerns about his / her attitude or professional behaviour?**

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

Consultant Name		Student Signature
Signature		Date
Date		Date

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





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

**CID:** 638878

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 William Pitts  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639121

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 Emily Judith Plummer  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639450

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 Aiysha Misha Clare Puri  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640459

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 Zahi Qamhawi  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639183

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 Denise Desiree Bi Si Quah  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642211

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.**