



**Student Name:** Miss Hae In Ra  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640912

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

**CID:** 637050

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 Aqil Rafi  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593268

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 Thivvia Ragnathan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639195

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

**CID:** 598221

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 Swetha Rambhatla **CID:** 635868  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

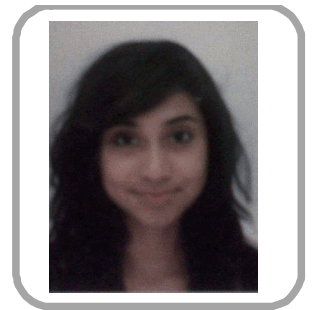
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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

Consultant Name		Student Signature	
Signature		Date	

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



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

**CID:** 638358

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 Markos Reissis  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637122

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 Yannis Reissis **CID:** 597311  
**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 Aemun Reza  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641500

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

**CID:** 639235

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Mr Christopher William Rivett  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636010

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

**CID:** 593028

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 Clay Robinson **CID:** 641536  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Zoe Robinson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 594415

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:** Mr Stephen Rowlands  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641718

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 Katherine Jane Rutherford  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640353

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 Zahra Safarfashandi **CID:** 638731  
**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 Jawaad Saleem  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643537

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 Keenan Saleh **CID:** 641469  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

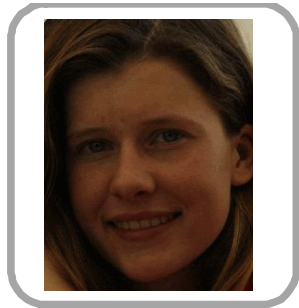
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Natalia Sanchez-Thompson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643960

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**

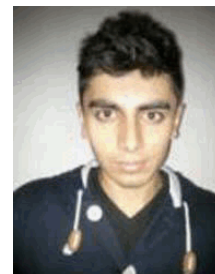
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Sukha Sandher **CID:** 641993  
**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:** Mr Benjamin Sandy  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642355

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 Manmohan Singh Sawali  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593583

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 Mark Scott  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638567

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 John Scott  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638374

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 Neil Shah **CID:** 640967  
**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**

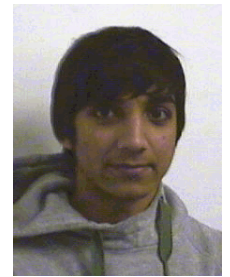
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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:** Mr Priyank Shah  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641956

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 Eathar Shakweh  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642009

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 Roberta Shaw **CID:** 644952  
**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 Shreya Sheth **CID:** 639957  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Jiaqi Shi **CID:** 594448  
**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**

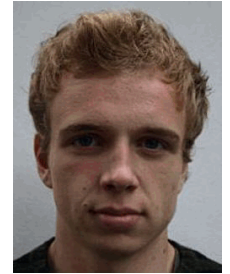
**4. Do you have any concerns about his / her attitude or professional behaviour?**

**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 Oscar Short  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638639

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 Usman Siddiqui **CID:** 639444  
**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 Shawmian Singagireson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643331

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

**CID:** 641512

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 Madhurima Sinha  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637067

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**

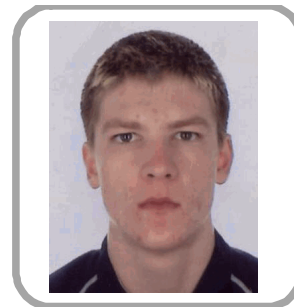
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

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

**CID:** 640572

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

**CID:** 595325

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 Robert John Stanger  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 591891

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 Catriona Hannah Stoddart  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641521

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. Ali Ahmed Syed **CID:** 596446  
**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 Usama Syed  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637798

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 Taha  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640147

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

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

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

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

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

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

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

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

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

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



**Student Name:** Miss Rhea Yan Ying Tan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642160

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 Ravina Tanna  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641336

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 Dexter Tarr  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593835

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**

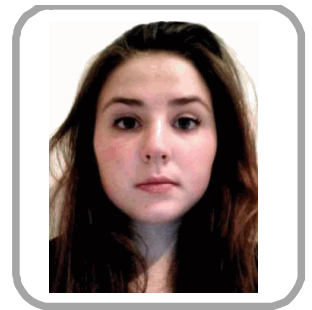
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Eleanor Jenny Rose Taylor  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640715

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

**CID:** 640126

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 Anna Louise Tennant  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643028

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 Daryl Jian Ming Teo  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593092

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

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

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

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

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

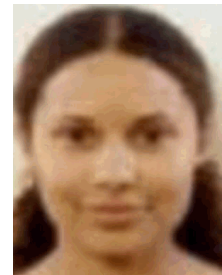
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Samantha Louise Thalayasingam  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636178

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 Mathura Thavendran  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640338

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

**CID:** 638911

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 Mona Theodoraki **CID:** 643541  
**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 Megan Thomas  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643766

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 Samuel Alexander Brij Tindall  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640986

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 Joshua Tognarelli  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639940

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 Jonathan Edward Topping  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643117

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 Samuel James Trenchard  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636561

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**

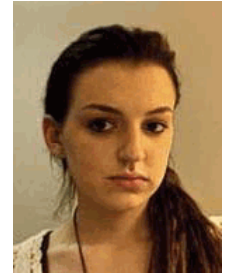
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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 Anna Angela Trepekli  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 644194

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Hannah Tullett **CID:** 642450  
**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**

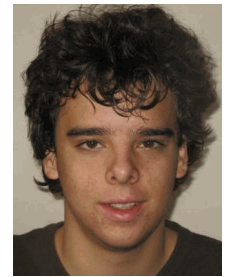
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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:** Mr Angus Turnbull **CID:** 551766  
**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 Paramjit Uppal  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640266

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 Ines Vaz  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640827

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 Uma Venkataraman  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639397

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 Laura Vickers  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642528

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Mr Nicholas von Guionneau  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640624

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 Lena Elisabeth Felicitas von Heimendahl      **CID:** 596225  
**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 Alison Wallace **CID:** 641316  
**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
Date		Date

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



**Student Name:** Miss Caoimhe Michelle Walsh  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636559

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 Yifei Wang  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638812

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 Sarah Warren  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 641346

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Jennifer Rosalind Watson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642735

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 Rui Wei  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637888

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 Leo Whitehead **CID:** 642835  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

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

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

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

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

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



**Student Name:** Miss Emma Catrin Williamson  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 638740

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 Bethany Rachel Willis  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 636696

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 Jessica Sue Yi Wong  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639893

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



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

**CID:** 658174

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 Laura Wynn-Lawrence  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639496

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 Ran Xiong  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 639818

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**

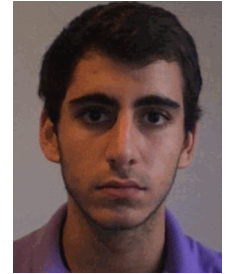
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

**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 Diamantis Xylas  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 642474

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**

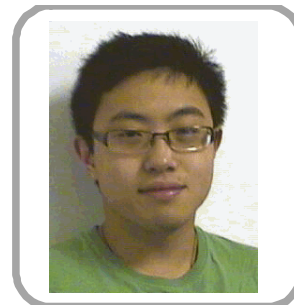
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

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

**CID:** 637120

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 Eirene Yeung **CID:** 596619  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 28 November 2011 to 16 December 2011

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Paula Sophie Zaininger  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643076

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

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

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

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

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

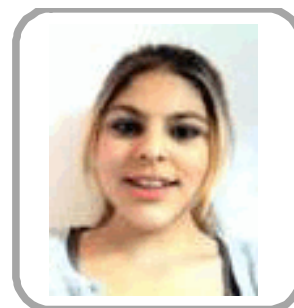
**3. Has (s)he completed at least 1 "Patient Journey"? YES / NO**

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Alice Nicole Zangouras  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 637387

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 David Zargaran  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 593381

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 Alexa Xiao Di Zhang  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643875

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 Sihao Zhao  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 640793

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 Julia Zimmermann  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 28 November 2011 to 16 December 2011

**CID:** 643610

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.**