



Student Name: Mr Abishek Abraham Rolands
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

CID: 689631

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Addy **CID:** 638385
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

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

4. Do you have any concerns 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 Maciej Adler **CID:** 688525
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

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1. **Has the student been in full attendance?** **YES / NO**
If not, do they have an acceptable reason for absence?

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

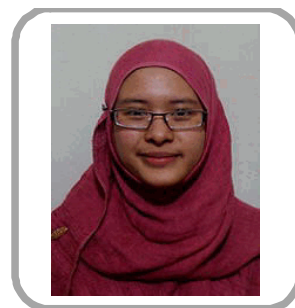
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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

Consultant Name		Student Signature
Signature		Date
Date		Date

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



Student Name: Miss Afiqah Adnan **CID:** 682711
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

Consultant Name		Student Signature
Signature		Date
Date		Date

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



Student Name: Mr Syed Niall Safir Ahmad
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686567

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr Imran Ahmed
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 684722

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Maroof Ahmed **CID:** 684638
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

Consultant Name		Student Signature
Signature		Date
Date		Date

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



Student Name: Miss Olivia Youngjoo Ahn
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685990

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Zainab Al-Dubbaisi **CID:** 683303
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Rashed Al-Khudairi
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683143

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

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1. **Has the student been in full attendance?** **YES / NO**
If not, do they have an acceptable reason for absence?

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

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

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

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

Consultant Name	Student Signature
Signature	Date
	Date

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



Student Name: Miss Nina Al-Saadi
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 689049

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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

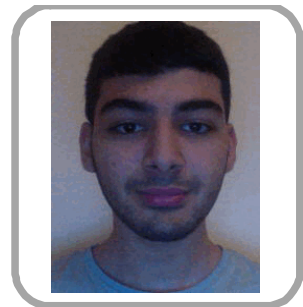
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Shair Ali
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 687337

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

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

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

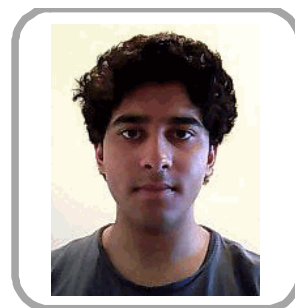
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr Syed Mustafa Ali Ahmad **CID:** 687852
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr Mazen Almaskati **CID:** 683818
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Abbesega Ananthavarathan
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 684982

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

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

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

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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 Vaki Antoniou **CID:** 687059
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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Consultant Name		Student Signature	
Signature		Date	

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Student Name: Miss Deepa Arora **CID:** 685301
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

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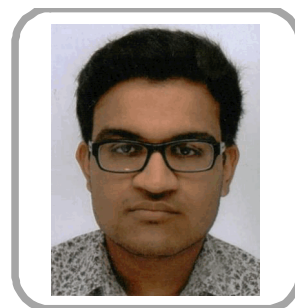
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

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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 Usama Asif **CID:** 685067
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

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

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Student Name: Mr Bashar Nasir Atalla **CID:** 699060
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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Date		Date

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



Student Name: Miss Sameera Hannah Auckburally
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683022

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

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

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



Student Name: Miss Jeeyune Bahk
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686037

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

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

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



Student Name: Miss Ji Soo Baik **CID:** 682665
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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Consultant Name		Student Signature
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Date		Date

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



Student Name: Miss Nikita Balaji **CID:** 686748
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

Consultant Name		Student Signature
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Date		Date

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



Student Name: Miss Eleanor Elizabeth Baldwin
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685294

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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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3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

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

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



Student Name: Mr Martin Bamford **CID:** 684385
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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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3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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Student Name: Mr Taranpal Singh Bansal
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 687662

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

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

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

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

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

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Signature		Date	

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



Student Name: Miss Ishani Barai **CID:** 682612
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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Date		Date

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Student Name: Mr Matthew Barlow **CID:** 690398
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

Consultant Name		Student Signature
Signature		Date
Date		Date

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Student Name: Mr Harry Robert Bellenberg
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686125

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

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

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

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

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

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

4. Do you have any concerns 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 Caitriona Siobhan Bennett
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685303

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr Henry Robert Beresford
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686915

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Sophie Camilla Beverley
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686047

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

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

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

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

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

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

4. Do you have any concerns 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 Rajan Bhambra **CID:** 685334
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

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

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

Consultant Name	Student Signature
Signature	Date
	Date

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



Student Name: Miss Radhika Bhanot
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685621

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

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

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

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

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

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

4. Do you have any concerns 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 Harjot Singh Birdi
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 642376

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Sarah Elizabeth Bishop
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686775

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

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

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

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

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

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

4. Do you have any concerns 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 Indula Devmini Bopitiya
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686021

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Claire Alexandra Brash
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682698

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

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

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

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

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

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

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

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

Consultant Name	Student Signature
Signature	Date
	Date

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



Student Name: Mr. Callum Francis Brehany
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 597530

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr James Edward Bryan
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 689784

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

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

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

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

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

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

4. Do you have any concerns 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 Thomas Butters **CID:** 683674
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. **Do you have any concerns 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 Thomas Cahill **CID:** 690340
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. Do you have any concerns 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 Harriet Campbell
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682624

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Rebecca Cassin-Scott **CID:** 682446
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. **Do you have any concerns 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 Dmitry Chernov **CID:** 688672
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. Do you have any concerns 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 Sheena Sze Lok Cheung
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682580

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

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

1. **Has the student been in full attendance?** **YES / NO**
If not, do they have an acceptable reason for absence?

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

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

4. **Do you have any concerns 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 Jo En Choi **CID:** 685326
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. **Do you have any concerns 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 Rebecca Kai Jan Choong
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 684001

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

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

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

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

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

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

4. Do you have any concerns 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 Tanya Chopra
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683304

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

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

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

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

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

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

4. Do you have any concerns 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 Prem Dinesh Chouhan
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686355

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

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

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

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

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

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

4. **Do you have any concerns 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 Abadur Rahman Chowdhury
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 643075

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

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

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

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

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

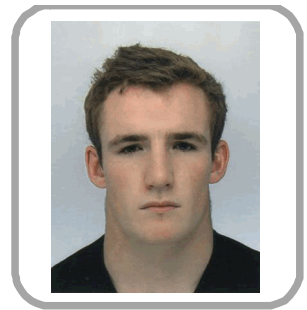
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Mr Oliver Thomas Clough
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682929

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

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

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

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

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

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

4. Do you have any concerns 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 Jonathan Stuart Collins **CID:** 684783
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. Do you have any concerns 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 Sarah Connellan **CID:** 684020
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

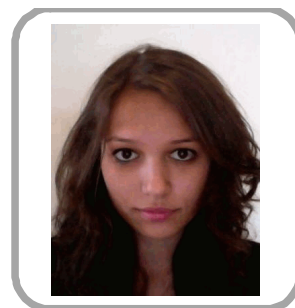
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns 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 Nina Catherine Cooper
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685524

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

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

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

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

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

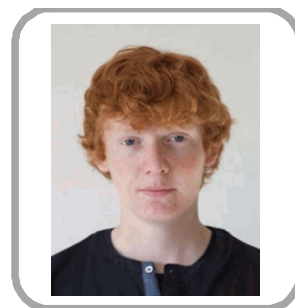
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

4. Do you have any concerns 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 Joel Corkill **CID:** 685145
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

4. Do you have any concerns 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 Liam Couch **CID:** 688508
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

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

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

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

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

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

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

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

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

Consultant Name	Student Signature
Signature	Date
	Date

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