



**Student Name:** Miss Sonal Jayesh Lakhani  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 682887

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Mariam Ihsan Alshahib Lami  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683914

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

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

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

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

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

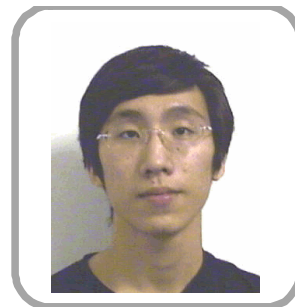
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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

Consultant Name		Student 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 Hong-Wei Lau  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683621

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

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

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

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

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

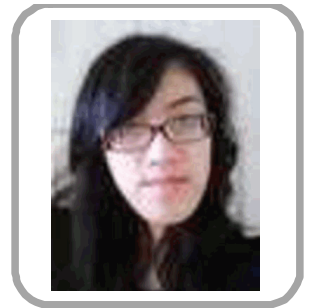
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

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

Consultant Name		Student Signature	
Signature		Date	

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



**Student Name:** Miss Emily Gwen Woo Leung  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686658

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Hiu Yu Leung  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685943

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Jacob Levi **CID:** 685017  
**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 Katherine Lewis  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683206

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

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

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

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

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

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

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

**CID:** 642842

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Elizabeth Lewsey  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685587

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

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

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

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

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

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

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:** Mr Thomas Ka Cheong Li  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686386

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Audrie Hui Xuan Lim  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685970

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

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

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

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

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

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

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:** Mr Ernest Lim Junwei  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686104

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

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

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

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

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

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

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

**CID:** 684804

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Bradley Jake Lonergan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 682479

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

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

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

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

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

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

4. **Do you have any concerns 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 Irina Mladenova Lubomirova  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 689058

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

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

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

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

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

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

4. **Do you have any concerns 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 Amir Faisal Majid **CID:** 642449  
**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 Aly-Khan Makhani  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686190

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Yulia Maksunova **CID:** 687278  
**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:** Miss Katherine Anne Malabanan  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685855

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Jay Mandan **CID:** 684128  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon 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 Jessica Ellen Martin **CID:** 689831  
**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:** Mr Abaris Massoumi **CID:** 687636  
**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 Arun Mathivanan **CID:** 688482  
**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:** Mr Leopold Kai Matthews  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683856

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

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

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

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

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

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

4. **Do you have any concerns 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 Orlaith McAuliffe **CID:** 642779  
**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 Sean McKeon **CID:** 687001  
**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?**

<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 Tom Cormac Mee  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685396

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

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

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

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

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

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

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

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

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

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



**Student Name:** Mr Chetan Mehta **CID:** 682412  
**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:** Mr Nishit Mehta **CID:** 686336  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster 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?**

<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 Arathi Menon **CID:** 685967  
**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	

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



**Student Name:** Mr Deepak Menon  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683722

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Dominic Turner Merriott  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 592988

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

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

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

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

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

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

4. **Do you have any concerns 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 Manvi Mittal **CID:** 683088  
**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:** Miss Irene Moraitis  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 638607

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Flora Morris **CID:** 687945  
**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:** Mr James Morris  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 639208

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

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

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

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

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

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

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:** Mr David James Morrow  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686275

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

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

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

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

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

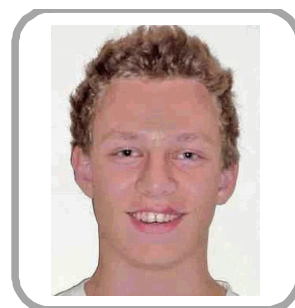
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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:** Mr Edward Muffett  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 690245

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

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

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

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

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

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

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:** Mr Aamer Jamal Mughal  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683510

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

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

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

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

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

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

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

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

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

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



**Student Name:** Mr Umair Aslam Mughal  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 643814

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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





**Student Name:** Mr Mohammed Muntasir  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685423

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Ameer Mustafa **CID:** 638845  
**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 Qamar Mustafa **CID:** 638891  
**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.

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

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

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

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

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

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

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

Consultant Name		Student 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 Pooja Rajkumar Nair  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 685884

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

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

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

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

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

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

4. **Do you have any concerns 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 Sameer Nardeosingh  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 686922

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

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

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

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

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

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

4. **Do you have any concerns 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 Osman Nayeem  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 640410

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Diana Newman **CID:** 637907  
**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**

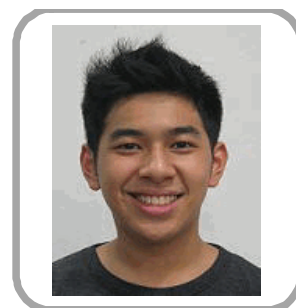
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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:** Mr Nik Fikri Nik Fauzi  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 680159

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Matthew Nind  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 682464

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

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

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

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

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

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

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

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

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

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



**Student Name:** Miss Sharon Ocansey **CID:** 685570  
**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:** Mr Gregory Oghassabian  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 687530

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

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

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

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

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

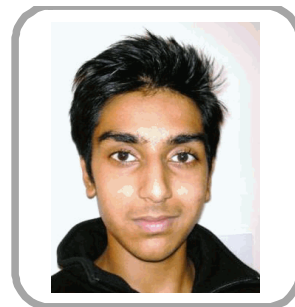
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns 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 Jasraj Panesar  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 594950

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

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

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

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

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

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

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 Henna Patel **CID:** 684450  
**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?**

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

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



**Student Name:** Miss Nandita Patel  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683966

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Nikesh Patel **CID:** 685229  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster 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**

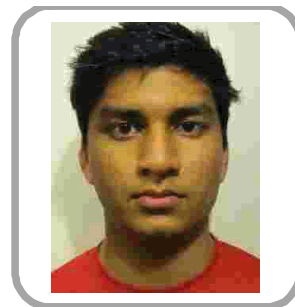
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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 Preemal Patel **CID:** 690857  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Chelsea and Westminster 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?**

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

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





**Student Name:** Miss Sanya Patel **CID:** 690300  
**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:** Miss Shivani Patel **CID:** 689920  
**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 Sudeshika Perera **CID:** 684469  
**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:** Miss Hayleigh Pinchon  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 638187

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

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

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

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

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

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

**4. Do you have any concerns 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 Alok Rugvedi Prasad  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 687381

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

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

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

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

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

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

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

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

Consultant Name		Student 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 Sunila Prasad  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 683998

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

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

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

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

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

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

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 Jing Xiao Quek  
**Attachment:** Clinical Introductory Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 14 December 2012

**CID:** 688074

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

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

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

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

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

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

4. **Do you have any concerns 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.**