



Student Name: Mr Khilesh Radia
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683876

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

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

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

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

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

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

4. **Do you have any concerns 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 Nicola Florence Raeside
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682693

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

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

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

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

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

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

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

CID: 683635

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

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

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

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

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

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

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

CID: 640399

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

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

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

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

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

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

4. Do you have any concerns 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 Shaan Rashid **CID:** 683845
Attachment: Clinical Introductory Attachment
Hospital: Ealing 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 Razez **CID:** 686739
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 Erika Rose Refsum
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685619

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

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

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

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

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

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

4. Do you have any concerns 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 Umar Riyaz
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685088

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

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

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

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

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

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

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

CID: 690043

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

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

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

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

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

4. **Do you have any concerns 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 Roberts **CID:** 687557
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.

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

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

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

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

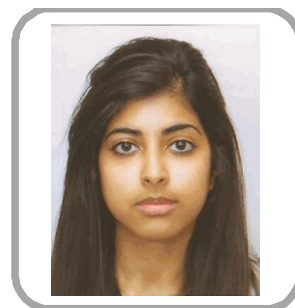
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns 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 Akriti Sachdev **CID:** 685996
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
Date		Date

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



Student Name: Miss Maryam Sara Saleem
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 644332

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

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

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

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

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

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

4. Do you have any concerns 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 Hiba Saleem Danish **CID:** 688377
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**

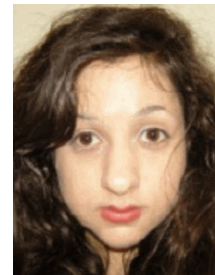
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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
Date		Date

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



Student Name: Miss Safa Salim **CID:** 682696
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 Ranjodh Sanghera
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 684047

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Kathryn Heather Saul
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 690184

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

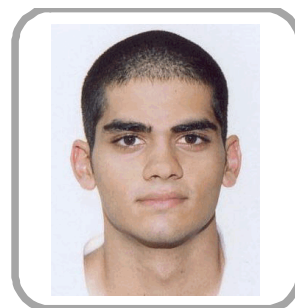
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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 Akshat Sawhney
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682770

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Hannah Scanlon **CID:** 685580
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.

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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 Alexander James Scarborough
Attachment: Clinical Introductory Attachment
Hospital: Ealing Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683588

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Jessica Louise Schofield
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685574

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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: Ms Maria Schofield Legorburo
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

CID: 643932

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Timothy Alexander Seers
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 644513

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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. Aseem Shah **CID:** 591977
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: Miss Ayesha Shajpal
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 687172

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Yusuf Sherwani
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 639831

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Sarim Siddiqui **CID:** 687776
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.

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

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

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

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

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

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

CID: 685805

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Mrigank Sinha **CID:** 682368
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: Mr Ashwin Sivaharan
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683625

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Natalie Grace Skinner
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683935

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

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

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

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

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

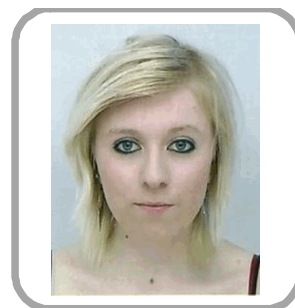
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

4. Do you have any concerns 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 Ria Emma Smith
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682685

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

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

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

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

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

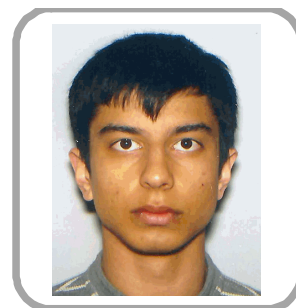
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

CID: 685404

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

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

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

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

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

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

4. **Do you have any concerns 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 Rajiv Dev Solanki
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 26 November 2012 to 14 December 2012

CID: 638777

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

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

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

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

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

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

4. Do you have any concerns 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 Zheng Han Soo
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686150

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

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

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

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

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

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

4. Do you have any concerns 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 Vasanth Sritharan **CID:** 684022
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**

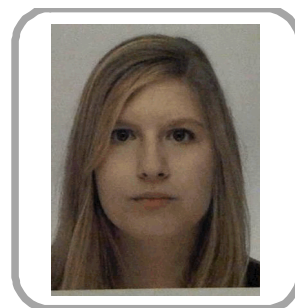
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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
Date		Date

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



Student Name: Miss Amanda Stenbaek
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 684502

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

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

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

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

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

4. Do you have any concerns 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 Isabella Frances Stopford
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

CID: 641058

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

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

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

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

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

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

4. Do you have any concerns 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 Jack Stuart **CID:** 683717
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 Harry Stuart-Smith
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 641556

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

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

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

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

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

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

CID: 637145

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

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

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

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

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

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

4. Do you have any concerns 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 Sinthuja Subashkaran **CID:** 638712
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.

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

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

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

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

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

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

CID: 637902

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

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

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

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

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

4. **Do you have any concerns 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 Varun Sudunagunta
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685194

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

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

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

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

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

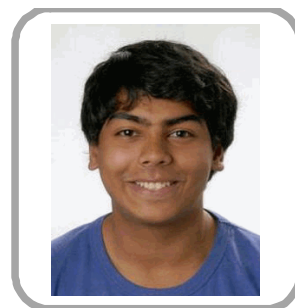
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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

CID: 683056

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

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

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

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

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

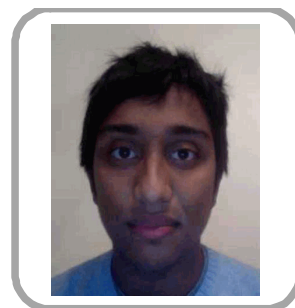
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

4. Do you have any concerns 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 Nameet Surana **CID:** 682759
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
Date		Date

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



Student Name: Mr Harishanan Surendran
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683495

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

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

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

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

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

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

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

CID: 682538

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

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

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

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

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

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

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

CID: 684634

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

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

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

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

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

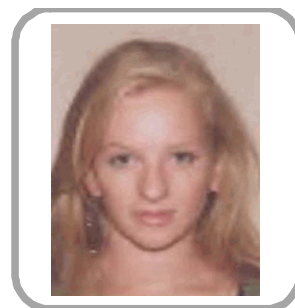
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

4. **Do you have any concerns 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 Olivia Szepietowski **CID:** 684181
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**

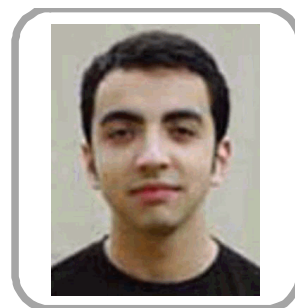
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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
Date		Date

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



Student Name: Mr Sam Pirous Taheri
Attachment: Clinical Introductory Attachment
Hospital: West Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683417

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

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

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

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

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

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

4. Do you have any concerns 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 Dalraj Singh Tamber **CID:** 688479
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 Alison Yiu Yan Tang
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686696

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

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

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

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

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

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

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

CID: 683896

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

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

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

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Zoe Grace Tattersall
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682728

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

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

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

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

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

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

4. Do you have any concerns 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 Stuart Taylor
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686217

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

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

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

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

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

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

4. Do you have any concerns 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 Angelina Thapar **CID:** 683127
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	

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



Student Name: Miss Jessica Thompson **CID:** 690849
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 Hannah Thrower **CID:** 684569
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 Elena Un
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 644933

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

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

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

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

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

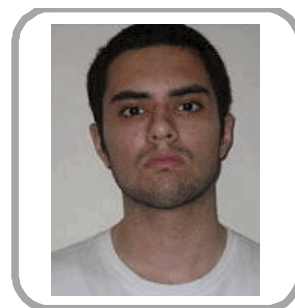
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

CID: 685003

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

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

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

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

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

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

4. Do you have any concerns 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. Cudi Uzun **CID:** 599444
Attachment: Clinical Introductory Attachment
Hospital: Ealing 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: Mr Rahul Vasani **CID:** 688724
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

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



Student Name: Miss Tara Marie Vasir
Attachment: Clinical Introductory Attachment
Hospital: Central Middlesex Hospital
Date: 26 November 2012 to 14 December 2012

CID: 682615

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

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

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

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

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

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

4. Do you have any concerns 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 Pietro Vassallo **CID:** 686410
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**

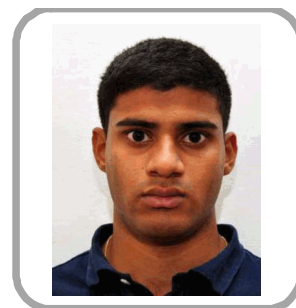
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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 Christopher Vaz **CID:** 689588
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 Henry Joad Verrall
Attachment: Clinical Introductory Attachment
Hospital: Charing Cross Hospital
Date: 26 November 2012 to 14 December 2012

CID: 680168

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

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

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

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

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

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

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

CID: 640930

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

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

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

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

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

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

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

CID: 685298

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

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

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

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

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

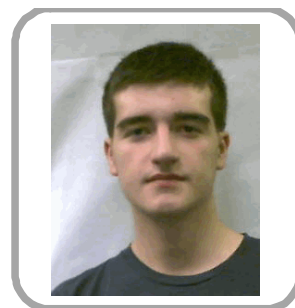
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

4. Do you have any concerns 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 Conor Walsh **CID:** 683440
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
Date		Date

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



Student Name: Mr Samuel Alexander Watson
Attachment: Clinical Introductory Attachment
Hospital: St Mary's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686911

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

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

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

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

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

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

4. Do you have any concerns 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 Klara Elizabeth Weaver
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683008

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Antonia Joyce Whitaker
Attachment: Clinical Introductory Attachment
Hospital: Northwick Park Hospital
Date: 26 November 2012 to 14 December 2012

CID: 686641

Since this is a short attachment with acquisition of experience rather than academic knowledge as its primary 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 Christopher Wild **CID:** 689604
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.

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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 Caroline Williams **CID:** 641263
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**

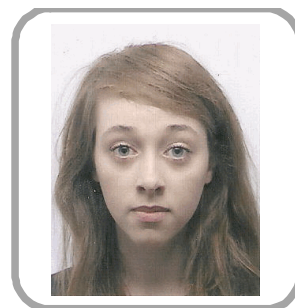
3. **Has (s)he completed at least 1 "Patient Journey"?** **YES / NO**

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 Jacinthe Willson **CID:** 683995
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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1. Has the student been in full attendance? YES / NO

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

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

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

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

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

Consultant Name		Student Signature	
Signature		Date	

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



Student Name: Miss Hannah Maria Winder
Attachment: Clinical Introductory Attachment
Hospital: St Peter's Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685485

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

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

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

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

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

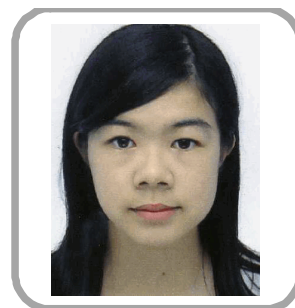
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

CID: 683280

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

CID: 685541

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

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

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

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

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

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

4. Do you have any concerns 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 Yi Ling Wong
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 685689

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

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

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

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

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

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

4. Do you have any concerns 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 Clarence Jia Jun Yen
Attachment: Clinical Introductory Attachment
Hospital: Hillingdon Hospital
Date: 26 November 2012 to 14 December 2012

CID: 640547

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

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

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

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

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

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

4. Do you have any concerns 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 Tamara Yut Leung Yu
Attachment: Clinical Introductory Attachment
Hospital: Chelsea and Westminster Hospital
Date: 26 November 2012 to 14 December 2012

CID: 683996

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

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

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

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

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

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

CID: 686721

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

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

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

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

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

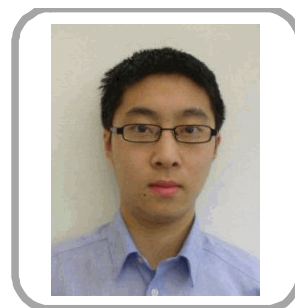
3. Has (s)he completed at least 1 "Patient Journey"? YES / NO

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

CID: 682498

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

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

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

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

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

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

4. Do you have any concerns 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.