



Student Name: Miss Shanay Daham
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597565

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Zhou Di Dai
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593265

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

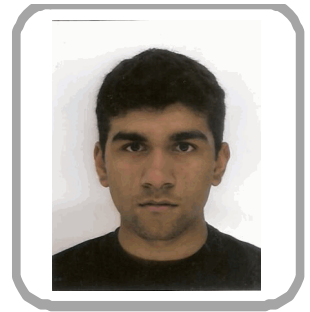
Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Uttaran Datta
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592297

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Dean Nitin Davda
Attachment: 10 Week Medicine Attachment
Hospital: St Peter's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 600626

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Harriet Claire Davidson
Attachment: 10 Week Surgery Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 707045

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Rhianna Davies
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592233

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Mr. Peter Davis
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592335

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Mira Deshmukh
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 591866

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

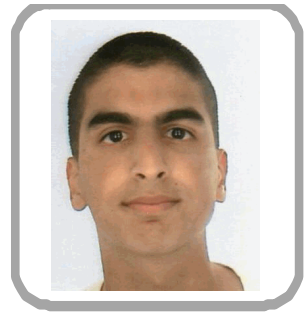
Please continue overleaf

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Rizwan Dewji
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592597

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Michelle Dinsey
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 599449

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

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Borderline			
Below Expectations			
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Student Name: Mr. Kaveesh Dissanayake
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 644534

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Miss Chloe Doan
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593113

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Dr. Anthony Dorr
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 504633

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Miss Anjana Dua
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593877

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Payal Mukul Dube
Attachment: 10 Week Surgery Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 707047

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Karin Linnea Ek
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 646100

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Ime Eka
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597192

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Nicholas James William Elliston
Attachment: 10 Week Surgery Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 594927

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

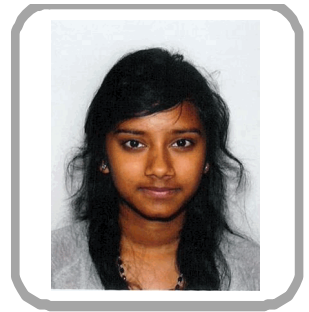
Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Josephine Emmanuel
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 598274

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Sarah Epton
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 594376

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Terry John Evans
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 598076

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Summya Fatima
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 598386

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Simon Federer
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593792

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Dr. Georgina Ilse Fenwick
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 637521

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

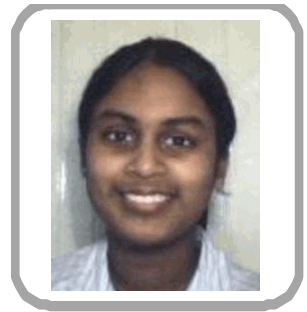
Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Miss Samitha Fernando
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 594464

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Katherine Fok
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595400

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Sonja Shun Ya Foo
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 549098

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Kristen Foxwell
Attachment: 10 Week Surgery Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

CID: 502439

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Kunal Gandhi
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595701

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Madhura Ghosh
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 594082

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. James Gilbert
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 700969

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date	Date	



Student Name: Mr. David George Glanville
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 598789

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Dushyanth Gnanappiragasam **CID:** 596407
Attachment: 10 Week Surgery Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Rebecca Claire Elise Gosling
Attachment: 10 Week Surgery Attachment
Hospital: St Peter's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 548954

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date	Date	



Student Name: Miss Samia Gottardi
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597740

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Hannah Gould Brown
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 452219

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Adam Ievers Gunasekara
Attachment: 10 Week Surgery Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593745

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Keith Mendis Gunasekara
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592662

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Zobia Gundkalli
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593674

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Linda Qian Guo
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 596206

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Hamid Habib
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595249

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr David Hall
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 552327

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Qiang Han
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

CID: 596539

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name	Student Signature
Meets Expectations		
Borderline		
Below Expectations		
	Signature	Date



Student Name: Mr. Nabih Hanbali
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593250

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Mr Atif Haque
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 13 March 2012 to 18 May 2012

CID: 554069

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Philippe Harbord
Attachment: 10 Week Surgery Attachment
Hospital: Ealing Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597249

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Mr. Matthew Harling
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592106

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Conrad John Harrison
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595509

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

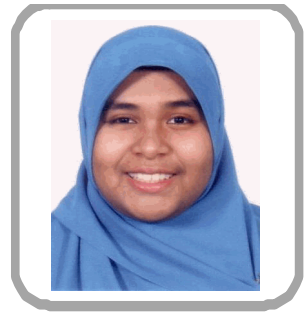
Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date	Date	



Student Name: Miss Nadiah Hashim Arrifin
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593177

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Noor Hassan
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597696

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Dariush Hassanzadeh-Baboli
Attachment: 10 Week Medicine Attachment
Hospital: St Peter's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 598948

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Daniel Robert Hay
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593332

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Mr. Nicholas Mark Edward Hayward
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 635917

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Annie Pan He
Attachment: 10 Week Surgery Attachment
Hospital: St Mary's Hospital
Date: 13 March 2012 to 18 May 2012

CID: 549884

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Jack Healy
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 599033

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date		Date



Student Name: Miss Catherine Eleanor Hedley
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 594041

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. Daniel Higgins
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597220

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Mr. David Wei Ming McPhaden Hillier **CID:** 596634
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Richard Leander Holder
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595736

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Charlotte Megan Holdsworth
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 13 March 2012 to 18 May 2012

CID: 707049

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>		Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
	Signature	Date	Date	



Student Name: Miss Natasha Holmes **CID:** 595374
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Jie Hong
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 13 March 2012 to 18 May 2012

CID: 593980

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Julian Zhen Yu Hong
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 13 March 2012 to 18 May 2012

CID: 644074

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Ms. Ruhella Hossain
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 13 March 2012 to 18 May 2012

CID: 592997

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



Student Name: Miss Marie Houdmont
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 13 March 2012 to 18 May 2012

CID: 507115

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Sarah Hough
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 13 March 2012 to 18 May 2012

CID: 643149

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Mr. Matthew Hutchins
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 597285

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature	Date
			Date



Student Name: Miss Emily Hutchinson
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 13 March 2012 to 18 May 2012

CID: 595328

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

If unable to comment on any domains below, please give reasons:

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Knowledge Has the student applies an appropriate level of knowledge (biomedical, psychological, social, population science, healthcare, law, clinical evidence, etc) as deemed necessary for the firm? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment .

Above Expectations	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	