



**Student Name:** Miss Luisa MacDonald **CID:** 594033  
**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Megan MacKenzie  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 597630

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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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Meets Expectations	<input type="checkbox"/>		
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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"/>		
Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Jeevahan Mahalingam  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 597526

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"/>	<b>Clinical Skills</b> 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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Borderline	<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"/>	
<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 Krsna Mahbubani  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 549617

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>		
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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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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	Consultant Name		Student Signature
Meets Expectations	Signature		
Borderline			
Below Expectations			
	Date	Date	



**Student Name:** Mr. Abdur-Rauff Mahroof  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 599470

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
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Below Expectations	<input type="checkbox"/>		
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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"/>	
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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	<input type="checkbox"/>	Consultant Name	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>	Signature	Date
		Date	Date



**Student Name:** Miss Vinothini Manivasagam  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 707079

**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:**

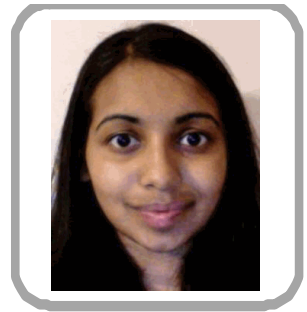
*Please continue overleaf*

**Please tick grade for each domain**

Above Expectations	<input type="checkbox"/>	<b>Clinical Skills</b> 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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<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	

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 Naomi Mary Mathew  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 591858

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>		
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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:** Miss Naoko McCabe  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 596579

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

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Meets Expectations	<input type="checkbox"/>		
Borderline	<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. James McEntee  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593258

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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*Please continue overleaf*

Please tick grade for each domain

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Meets Expectations	<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. Alexander McFarquhar  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 643840

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

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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. Vernon Alexander McGeoch  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 591954

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Patrick James McGown **CID:** 596641  
**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Joshua Lee McGuire  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 592465

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 McLean  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 592991

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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
		Date



**Student Name:** Miss Ami Mehta **CID:** 595151  
**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Nitesh Vinod Mehta  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593787

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Robert Midgley  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 596004

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Jessica Bhavini Mistry  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hammersmith Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 592809

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Robert Mitchell  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 636366

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Sian Mitchell  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 598394

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Foad Mohamed  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hammersmith Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 513357

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Annabelle Mondon-Ballantyne  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593212

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Amanda Methembe Moyo  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 594417

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Nadeesha Lakmal Mudalige  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 594546

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Rose Mulvey  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593235

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Maleeha Munnawwar  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 508964

**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:**

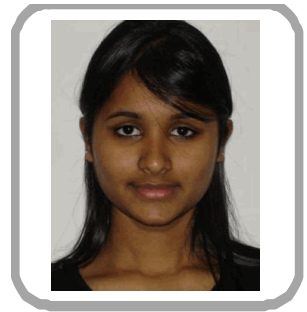
*Please continue overleaf*

**Please tick grade for each domain**

Above Expectations	<input type="checkbox"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Keerthini Muthuswamy  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 595471

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Ji-Hoon Myung  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 597617

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Anas Nader  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 598984

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Vaitehi Nageshwaran  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 506863

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Naim  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hillingdon Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 597027

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Elizabeth Roisin Nally  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 551685

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Abigail Geethanjali Nanapragasam      **CID:** 594052  
**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Sneha Narayanaswami  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 551697

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Jonathan Robert Nash  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 591775

**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:**

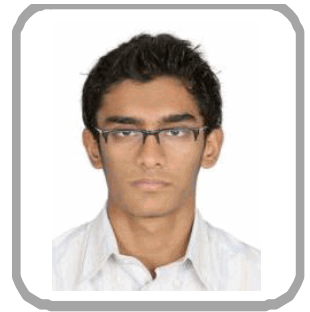
*Please continue overleaf*

**Please tick grade for each domain**

Above Expectations	<input type="checkbox"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Khizr Ather Nawab  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 594329

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Alexis Olga Nelson  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 595890

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:

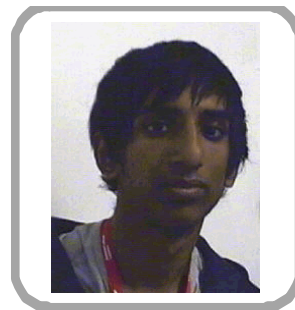
*Please continue overleaf*

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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
		Date



**Student Name:** Mr. Daniel Ravin Netto  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Charing Cross Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 598933

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Christopher Ng  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 594696

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	

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. Huy Quang Nguyen  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 550027

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	

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. Helen Nightingale  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 641577

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Vithyaa Nithiyananthan  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Central Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 596981

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Christie Catherine Alice Noble  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 552566

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Edward Norman  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 566511

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Alexandra Nicole Nowbar  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593439

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Isaac Obisanya  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hammersmith Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593759

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Kalliste Anna Ronghui Oh  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 644349

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Rele Ologunde **CID:** 551078  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Northwick Park 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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Folasade Onakoya  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 640762

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Ifeanyi Kem Onubogu  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** West Middlesex Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 595053

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Josh Orpen-Palmer  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Northwick Park Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 592300

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. James Orr  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Mary's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 596045

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Daniella Sarah Nosagie Osaghae  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** Hammersmith Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593964

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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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 Denise Osei-Kuffour  
**Attachment:** 10 Week Medicine Attachment  
**Hospital:** St Peter's Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 596570

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Andrew Kofi Bandoh Owusu-Agyei  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Ealing Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 549265

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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. Oluwatobiloba Adeleke Oyefeso  
**Attachment:** 10 Week Surgery Attachment  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 13 March 2012 to 18 May 2012

**CID:** 593816

**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"/>	<b>Clinical Skills</b> 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"/>	<b>Practical Skills</b> 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"/>	<b>Communication Skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<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