



Student Name: Miss Binita Panchasara
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638616

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Kyriacos Loizos Papalouca
Attachment: 10 Week Surgery Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 596133

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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. John Gapdong Park
Attachment: 10 Week Surgery Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 593383

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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



Student Name: Dr Gary Parkyn
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 689718

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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



Student Name: Miss Aisha Patel
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 12 March 2013 to 17 May 2013

CID: 687943

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

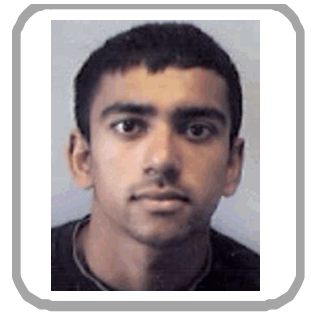
Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Communication Skills Has the student demonstrated good communication skills (towards patients, relatives and colleagues)? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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 Anesh Patel
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640373

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

Above Expectations	<input type="checkbox"/>	Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i>	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Practical Skills Has the student demonstrated adequate levels of competence at the practical skills and examination deemed essential for your firm (including completion of in course assessment (DOPS), patient safety and infection control)? <i>Comment:</i>	
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Unable to Comment	<input type="checkbox"/>		
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



Student Name: Mr Ankur Patel
Attachment: 10 Week Surgery Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641232

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

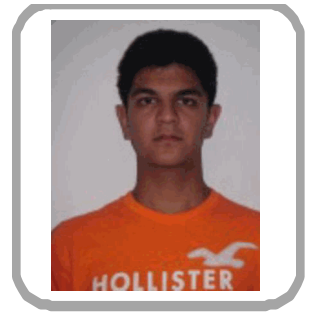
Please continue overleaf

Please tick grade for each domain

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



Student Name: Mr Nikhil Manish Patel
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 636228

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



Student Name: Miss Nikila Patil
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 593713

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

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<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 Aaron Philip
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639966

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

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



Student Name: Miss Margaret Pikovsky
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638878

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <i>Comment:</i> Appearance Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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



Student Name: Mr William Pitts
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639121

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Emily Judith Plummer
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639450

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Dr Dmitry Pshezhetskiy
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 500367

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Aiysha Misha Clare Puri
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640459

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Zahi Qamhawi
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639183

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Denise Desiree Bi Si Quah
Attachment: 10 Week Surgery Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 642211

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Hae In Ra
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640912

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Riham Rabee
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 637050

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Aqil Rafi
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 593268

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Thivvia Ragnathan
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639195

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Apirada Ann Rakpraja
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 619777

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Sanjeev Ramachandran
Attachment: 10 Week Surgery Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 598221

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Swetha Rambhatla
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 635868

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

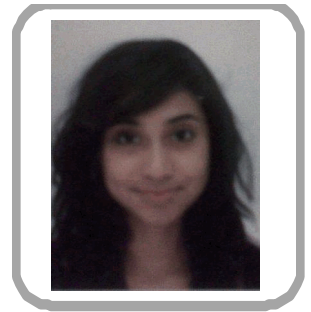
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Saranya Ravindra
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638358

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Markos Reissis
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 637122

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Yannis Reissis
Attachment: 10 Week Medicine Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 597311

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Aemun Reza
Attachment: 10 Week Surgery Attachment
Hospital: St Mary's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641500

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Timothy Richards
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639235

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Christopher William Rivett
Attachment: 10 Week Surgery Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 636010

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Syed Shoaib Rizvi
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 593028

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Clay Robinson
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641536

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Zoe Robinson
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 594415

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Stephen Rowlands
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641718

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Katherine Jane Rutherford
Attachment: 10 Week Surgery Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640353

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Zahra Safarfashandi
Attachment: 10 Week Surgery Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638731

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Jawaad Saleem
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 643537

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

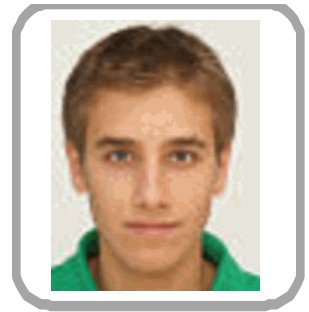
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Keenan Saleh
Attachment: 10 Week Medicine Attachment
Hospital: St Peter's Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641469

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Natalia Sanchez-Thompson
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 643960

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

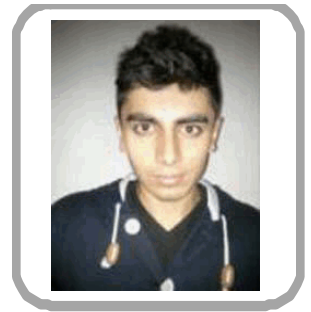
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Sukha Sandher
Attachment: 10 Week Medicine Attachment
Hospital: Hammersmith Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641993

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Benjamin Sandy
Attachment: 10 Week Surgery Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 642355

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Serif Sasmaz
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 644937

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr. James Manmohan Singh Sawali
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 593583

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Eleanor Scarrott
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 662115

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Alexander Mark Scott
Attachment: 10 Week Surgery Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638567

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Joseph John Scott
Attachment: 10 Week Surgery Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638374

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Aayushi Sen
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 751176

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Neil Shah
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640967

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Priyank Shah
Attachment: 10 Week Surgery Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641956

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Eathar Shakweh
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 642009

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

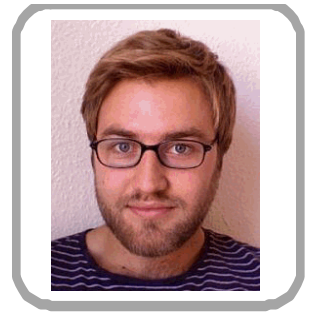
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Jozef Shaw
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 687004

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Roberta Shaw
Attachment: 10 Week Medicine Attachment
Hospital: West Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 644952

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Dr Anna Sher
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 599371

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Shreya Sheth
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639957

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Jiaqi Shi
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 594448

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Oscar Short
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 638639

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

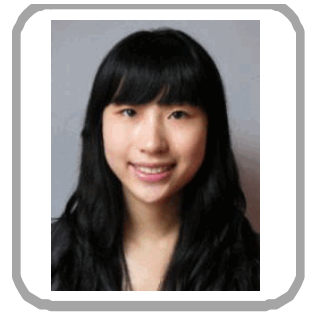
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Mamie Shum
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 688356

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

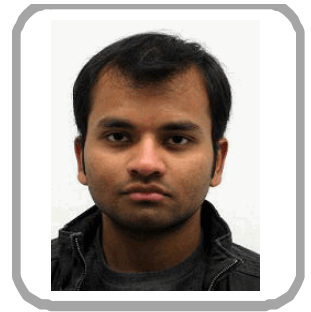
Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Aazim Siddiqui
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 689471

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Usman Siddiqui
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 639444

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Helen Simm
Attachment: 10 Week Medicine Attachment
Hospital: Ealing Hospital
Date: 12 March 2013 to 17 May 2013

CID: 751179

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Shawmian Singagireson
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 643331

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Bharpoor Singh
Attachment: 10 Week Medicine Attachment
Hospital: Central Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641512

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Madhurima Sinha
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 637067

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Agalya Sivakumar
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 768945

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Dr David Sleep
Attachment: 10 Week Surgery Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 643863

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Benjamin Spencer Jones
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 640572

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Joseph Spiking
Attachment: 10 Week Surgery Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 553178

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr William Henrik Stene Spiller
Attachment: 10 Week Medicine Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 689405

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Abigail Louise Squire
Attachment: 10 Week Surgery Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 595325

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr William Robert John Stanger
Attachment: 10 Week Surgery Attachment
Hospital: Chelsea and Westminster Hospital
Date: 12 March 2013 to 17 May 2013

CID: 591891

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Miss Catriona Hannah Stoddart
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 641521

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Daniel Benjamin Stubbins
Attachment: 10 Week Surgery Attachment
Hospital: West Middlesex Hospital
Date: 12 March 2013 to 17 May 2013

CID: 768954

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr. Ali Ahmed Syed
Attachment: 10 Week Medicine Attachment
Hospital: Hillingdon Hospital
Date: 12 March 2013 to 17 May 2013

CID: 596446

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Shehzad Syed
Attachment: 10 Week Medicine Attachment
Hospital: Charing Cross Hospital
Date: 12 March 2013 to 17 May 2013

CID: 512159

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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



Student Name: Mr Usama Syed
Attachment: 10 Week Medicine Attachment
Hospital: Northwick Park Hospital
Date: 12 March 2013 to 17 May 2013

CID: 637798

Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Please continue overleaf

Please tick grade for each domain

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

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

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