



Student Name: Jessica Campbell 639367
GP: Dr Abanti Paul
Practice: Belsize Priory Medical Practice
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Elliott Robert Carthy 687314
GP: Dr Anna Browning
Practice: Blue Wing Family Doctor Unit
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
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Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



Student Name: Siobhan Carver 594443
GP: Dr Ravi Bumrah
Practice: Weybridge Primary Care Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



Student Name: Kathryn Castledine-Wolfe 592909
GP: Dr Sham Packianathan
Practice: Buckingham Road Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
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Meets Expectations	<input type="checkbox"/>	Signature	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



Student Name: Nicholas Cereceda Monteoliva 637911
GP: Dr Manish Prasad
Practice: Roundwood Park Medical Centre
Date: 12-March-2013 to 17-May-2013

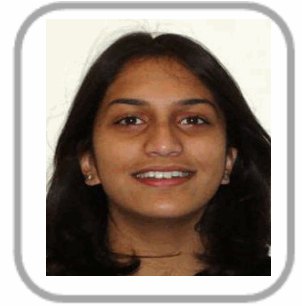
Please comment on suggested areas of improvement:

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

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



Student Name: Lakshmi Chandrasekaran 639427
GP: Dr Beth Coward
Practice: Ottershaw Surgery
Date: 12-March-2013 to 17-May-2013

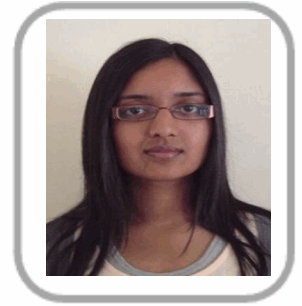
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



Student Name: Samantha Chandrasekera 641342
GP: Dr Mohammad Bakhtiar
Practice: Maida Vale Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
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Above Expectations	<input type="checkbox"/>	GP Name	Student Signature
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



Student Name: Zain Chaudhry 638623
GP: Dr P J Sandhu
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Below Expectations	<input type="checkbox"/>		



Student Name: Amit Chawla 636045
GP: Dr Ann Mulroy
Practice: The Law Medical Group Practice
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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



Student Name: Hashem Nawaz Cheema 638840
GP: Dr Sham Packianathan
Practice: Buckingham Road Surgery
Date: 12-March-2013 to 17-May-2013

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Below Expectations	<input type="checkbox"/>		



Student Name: Mark Chen 592207
GP: Dr Saqib Latif
Practice: Pentelow Practice
Date: 12-March-2013 to 17-May-2013

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



Student Name: Hannah Cheney Lowe 642325
GP: Dr Akbar Khan
Practice: Horn Lane Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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Student Name: Manikandar Srinivas Cheruvu 595691
GP: Dr Arun Thiyagarajan
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

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Student Name: Mohmedarif Ismail Chhabu 593833
GP: Dr Arun Notaney
Practice: Wembley Health Centre
Date: 12-March-2013 to 17-May-2013

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Student Name: Germaine Rui Qi Chia 643373
GP: Dr Yasmin Razak
Practice: Brook Green Medical Centre
Date: 12-March-2013 to 17-May-2013

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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



Student Name: Kimberley Mei Hui Chin-Goh 638796
GP: Dr Dave Sharma
Practice: Northwick Surgery
Date: 12-March-2013 to 17-May-2013

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Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Jennifer Vimbiso Chivinge 637073
GP: Dr Mohammad Bakhtiar
Practice: Maida Vale Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Veidika Kishor Chohan 596597
GP: Dr Sham Packianathan
Practice: Buckingham Road Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?		
Meets 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 achieved the appropriate level of knowledge for Year 3?		
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: Appearance 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"/>		

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Louis Zane Ray Choo 638266
GP: Dr Jayshree Patel
Practice: Eastmead Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Paul James Tze Zhu Choong 593284
GP: Dr Ali Dhankot
Practice: Elliott Hall Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?		
Meets Expectations	<input type="checkbox"/>			
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			
Unable to Comment	<input type="checkbox"/>			
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?		
Meets 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 achieved the appropriate level of knowledge for Year 3?		
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: Appearance 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"/>		

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Mohammed Junaid Hafeez Choudri 637993
GP: Dr S (Mrs) Parameshwaran
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Jasarat Ahmed Chowdhury 641065
GP: Dr Randitha Hettiarachi
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Christopher Man-Foo Chung 640534
GP: Dr Shelina Chattoo
Practice: The Bush Doctors
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Henry Clancy 641869
GP: Dr Yudish Sabapathippillai
Practice: Civic Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Simon Clark 642696
GP: Dr Asoya Wijayawickrama
Practice: Southcote Clinic
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Robert James Cleaver 595747
GP: Dr Paul Reynolds
Practice: Elthorne Park Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Natalie Victoria Condie 640395
GP: Dr Cedric Solomon
Practice: The Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Alexandra June Cox-Smith 641286
GP: Dr Ricardo Manzanera
Practice: Hammersmith & Fulham Centres for Health
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Anna Craig-McQuaide 508214
GP: Dr Ravinder K Kooner
Practice: Cole Park Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Frederick Cripps 638018
GP: Dr Judith Livingstone
Practice: The Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: George William Victor Cross 640037
GP: Dr Laura Wood
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Luke Alexander Peterkin Curwell 596331
GP: Dr Baljit Kaur
Practice: Florence Road Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Nikita da Cunha 626287
GP: Dr Tilly Griffith
Practice: Little Park Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Numair Damani 643033
GP: Dr Matt Davis
Practice: Cobham Health Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Akshay Date 641483
GP: Dr Akshay Bhanshaly
Practice: GP Direct
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Nia Elin Davies 592725
GP: Dr Poonam Chouhan
Practice: Sands End Health Clinic
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Sarah Margaret Dean 658180
GP: Dr Jyoti Ramchandani
Practice: Belmont Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Aaron Dehghan 683160
GP: Dr Anna Browning
Practice: Blue Wing Family Doctor Unit
Date: 12-March-2013 to 17-May-2013

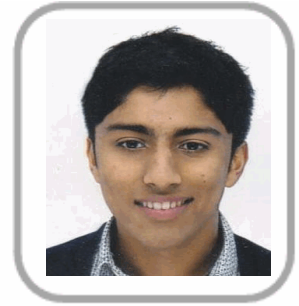
Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Vikram Devalia 640437
GP: Dr Lini Eades
Practice: Chartfield Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Monica Dhillon 643364
GP: Dr Jamila Sherif
Practice: Pinn Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Mandeep Kaur Dhingra 637986
GP: Dr Moj Fitzmaurice
Practice: Kew Medical Practice
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations Meets Expectations Borderline Below Expectations Unable to Comment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?															
Above Expectations Meets Expectations Borderline Below Expectations Unable to Comment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?															
Above Expectations Meets Expectations Borderline Below Expectations Unable to Comment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Knowledge Has the student achieved the appropriate level of knowledge for Year 3?															
<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Yes</th> <th style="width: 33%;">Borderline</th> <th style="width: 33%;">No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	Borderline	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Attendance Respect for patients Working with colleagues
Yes	Borderline	No															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															

Please indicate if the student has satisfactorily passed this attachment.

Above Expectations Meets Expectations Borderline Below Expectations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GP Name Signature	Student Signature Date
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Student Name: Ba Anh Tai Dinh 643088
GP: Dr Tilly Griffith
Practice: Little Park Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Sean Done 637118
GP: Dr Senita Mountjoy
Practice: The Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Edward Donnelly 639376
GP: Dr Nivedita Sharma
Practice: Civic Medical Centre
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Amandeep Raj Singh Dosanjh 643153
GP: Dr Jude Mills
Practice: Forty Willows Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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



Student Name: Laura Dunn 508202
GP: Dr Chris Smith
Practice: Richmond Lock Surgery
Date: 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	History taking and communication skills Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	Clinical and examination skills Has the student achieved the desired level of skills for Year 3?	
Meets 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 achieved the appropriate level of knowledge for Year 3?	
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: Appearance 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"/>	

Please indicate if the student has satisfactorily passed this attachment.

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