



**Student Name:** Kristina Earle 639815  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Matthew Edmondson 592756  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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"/>		
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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"/>	

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:** Salma El-Konayyesi 641249  
**GP:** Dr Aman Bahri  
**Practice:** Streatfield 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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"/>		
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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"/>	

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:** Sophie Jayne Ellis 637083  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<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:** Mia Alice Elven 637450  
**GP:** Dr Yasmin Razak  
**Practice:** Brook Green 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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"/>		
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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"/>	

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:** Thomas Richard Emms 635777  
**GP:** Dr Caroline Stott  
**Practice:** Emperor's Gate Centre 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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"/>		
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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"/>	

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:** Alisha Esmail 638352  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<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:** Mustafa Farooqi 641334  
**GP:** Dr Mala Dalal  
**Practice:** Roxbourne 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"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
Meets Expectations	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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:** Umar Fiaz 642518  
**GP:** Dr Deepa Patel  
**Practice:** North End 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
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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"/>	
<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:** Hugh Ford 641688  
**GP:** Dr Edmund Jagger  
**Practice:** The 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"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Peter Foulser 683713  
**GP:** Dr Monica Banerjee  
**Practice:** Manor 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"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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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"/>	
<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:** Alexander Freethy 642630  
**GP:** Dr Mark Giles  
**Practice:** Woodfield 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"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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Below Expectations	<input type="checkbox"/>		
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"/>	
<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:** Tayla Furniss 640864  
**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"/>	<b>History taking and communication skills</b> Has the student achieved the desired level of skills for Year 3?	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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





**Student Name:** Amish Garala 639827  
**GP:** Dr Michel Mikhail  
**Practice:** Lady Margaret Road  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> Has the student achieved the desired level of skills for Year 3?	
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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"/>	
<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:** Akanksha Garg 635986  
**GP:** Dr Mohammad Maloufi  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Jack John Garnham 593167  
**GP:** Dr Akbar Khan  
**Practice:** Horn Lane 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Geoghegan 638659  
**GP:** Dr Jamil Rahman  
**Practice:** Waterside 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Aseem Ghaghda 592275  
**GP:** Dr Amit Vasisthra  
**Practice:** Maswell Park 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Timothy Michael Gibbs 643381  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:** Samantha Gilbertson 682672  
**GP:** Dr Sipra Guha  
**Practice:** Perivale Medical 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** David George Glanville 598789  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Kristin Goffe 768942  
**GP:** Dr Andrew Harris  
**Practice:** Ottershaw 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Usman Goga 642501  
**GP:** Dr Samia Hasan  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Maeve Gemma Gough 642700  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Elizabeth Grantham-Hill 640958  
**GP:** Dr Andrew Harris  
**Practice:** Ottershaw 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Lawrence Greenfield 685398  
**GP:** Dr Arun Notaney  
**Practice:** Wembley 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Agampodi Thusitha Nuwan Gunasekara 644511  
**GP:** Dr Saqib Latif  
**Practice:** Pentelow 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:** Harry Gunn 639290  
**GP:** Dr Daniel Brook  
**Practice:** Law Medical Group Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

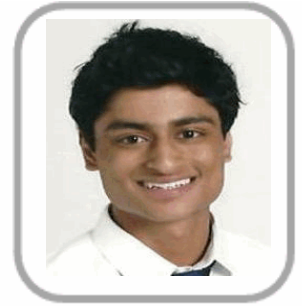
Please tick grade for each domain and add a comment if you wish

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Ankur Gupta 594641  
**GP:** Dr Naeem Qureshi  
**Practice:** Gordon House 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Muhammad Sulaiman Bin Haji Sufardi 642668  
**GP:** Dr Mark Daniels  
**Practice:** Featherstone Road 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Halford 592751  
**GP:** Dr Samia Hasan  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:** Sandra Halim 636070  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Jack Hammond 688010  
**GP:** Dr Mahendra Mashru  
**Practice:** Swakeleys 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Wei Han 600624  
**GP:** Dr Khaleeda Siraj  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** William Hancox 690161  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Fahmida Nipa Haque 690190  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Sean Kevin Harbison 643377  
**GP:** Dr Heba Al-Naseri  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Alexander Harding 640885  
**GP:** Dr Ashok Kelshiker  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Hardwick 491092  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:** Annabelle Harrison 642300  
**GP:** Dr Yasmin Razak  
**Practice:** Brook Green 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Obaid-UI Haque Hashmi 640713  
**GP:** DR Sameeya Bhatti  
**Practice:** Cedars 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:** Lucy Hawkins 638733  
**GP:** Dr Yasmin Razak  
**Practice:** Brook Green 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Lindsay Hayden 593627  
**GP:** Dr Nishali Patel  
**Practice:** Hillview 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Louise Heath 598570  
**GP:** Dr Jamil Rahman  
**Practice:** Waterside 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Jocelyn Elizabeth Heins 638718  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Abigail Heller 596874  
**GP:** Dr Jonathan Barnes  
**Practice:** Sheen Lane 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Lorna Hemingway 640272  
**GP:** Dr Arun Notaney  
**Practice:** Wembley Health Centre  
**Date:** 12-March-2013 to 17-May-2013

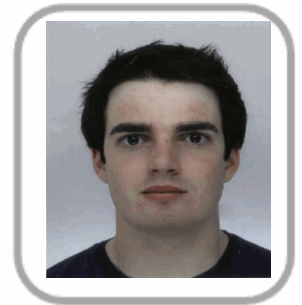
**Please comment on suggested areas of improvement:**

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

Above Expectations	<input type="checkbox"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Geraint Lloyd Herbert 643243  
**GP:** Dr Ian Perry  
**Practice:** Twickenham 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Hill 517382  
**GP:** Dr Caroline Stott  
**Practice:** Emperor's Gate Centre 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Sunghwan Hong 686257  
**GP:** Dr Caroline Stott  
**Practice:** Emperor's Gate Centre 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Harrison Howarth 642519  
**GP:** Dr Stephanie Lewis  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Charles Thomas Howell 685801  
**GP:** Dr Oliver Walker  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Raymond Hreiche 640653  
**GP:** Dr Oliver Walker  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Shah Mohammed Alungir Hussain 595281  
**GP:** Dr Meera Rajah  
**Practice:** Gordon House 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Uwais Anis Ilyas 509097  
**GP:** Dr Beth Coward  
**Practice:** Ottershaw 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Stefanos Ioannidis 467885  
**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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Munim Adil Islam 594349  
**GP:** Dr Mydhilli Chellappah  
**Practice:** Paxton Green Group 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"/>	<b>History taking and communication skills</b> 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"/>	<b>Clinical and examination skills</b> 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"/>	<b>Knowledge</b> 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	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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"/>		