



**Student Name:** Sophie Louise Madley 593484  
**GP:** Dr Cedric Solomon  
**Practice:** The Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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:** Cecilia Olapeju Mafe 640585  
**GP:** Dr Shelina Chattoo  
**Practice:** The Bush Doctors  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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"/>	
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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:** Susan Maguire 688984  
**GP:** Dr Manish Prasad  
**Practice:** Roundwood Park 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:** Paulina Luiza Majewska 643623  
**GP:** Dr Jamil Rahman  
**Practice:** Waterside Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

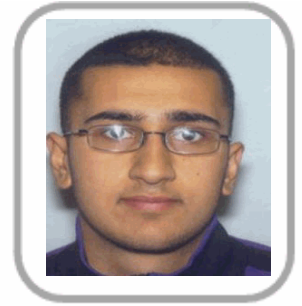
Please comment on suggested areas of improvement:

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

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:** Hammad Husnain Malik 640065  
**GP:** Dr Sarbjit S Kaler  
**Practice:** Florence Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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"/>	
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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:** Salim Sultan Malik 640545  
**GP:** Dr Neil Jackson  
**Practice:** Acorn 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:** Fahmida Mannan 640188  
**GP:** Dr Poonam Chouhan  
**Practice:** Sands End Health Clinic  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

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

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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:** Heeba Maqbool 639304  
**GP:** Dr Akshay Bhanshaly  
**Practice:** GP Direct  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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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Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Adam Marcus 507111  
**GP:** Dr Manish Prasad  
**Practice:** Roundwood Park 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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Below Expectations	<input type="checkbox"/>		
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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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:** Claire Marsh 638886  
**GP:** Dr Lini Eades  
**Practice:** Chartfield Surgery  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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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Unable to Comment	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:** Connor Maxwell Martin 641807  
**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?	
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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"/>		
Borderline	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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:** Junaid Masud 639356  
**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"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



**Student Name:** Soheil Matiny-Boroumand 642091  
**GP:** Dr Jamila Sherif  
**Practice:** Pinn Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

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

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

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

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



**Student Name:** Ken Mawhinney 597934  
**GP:** Dr Carla Saour  
**Practice:** Scarsdale 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"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Please indicate if the student has satisfactorily passed this attachment.

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



**Student Name:** Edward McDonald 594894  
**GP:** Dr Abanti Paul  
**Practice:** Belsize Priory Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Adrian McGrath 641502  
**GP:** Dr Moj Fitzmaurice  
**Practice:** Kew Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<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:** Harriet Mary Teresa McGrath 686789  
**GP:** Dr R Aurora  
**Practice:** Oxford Drive 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:** Benjamin McKee 639291  
**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"/>		
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:** Effie Miriam Menyah 643867  
**GP:** Dr Rakhesh Patel  
**Practice:** Hounslow 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	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
			Date



**Student Name:** Claire Merrifield 536310  
**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:** Sophie Mary Middleton 640883  
**GP:** Dr Kushal Barai  
**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:** Frances Mary Mitchell 508908  
**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	Date
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Anisa Taufiq Moin 638319  
**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>	
Meets Expectations	<input type="checkbox"/>	Has the student achieved the desired level of skills for Year 3?	
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>	
Meets Expectations	<input type="checkbox"/>	Has the student achieved the desired level of skills for Year 3?	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Above Expectations	<input type="checkbox"/>	<b>Knowledge</b>	
Meets Expectations	<input type="checkbox"/>	Has the student achieved the appropriate level of knowledge for Year 3?	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Unable to Comment	<input type="checkbox"/>		
Yes	Borderline	No	<b>Professionalism</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the student met the requirements for the following areas of professionalism:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appearance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Attendance</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Respect for patients</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Working with colleagues</b>

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:** Kyung-Hoon Moon 553821  
**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:** George Nicholas James Moore 644205  
**GP:** Dr Ravi Bumrah  
**Practice:** Weybridge Primary Care 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:** Phillip Christopher Morrison 565623  
**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"/>		
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:** Maliha Moten 638614  
**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:** Zeenathnisa Mougammadou Aribou 640879  
**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?	
Meets 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:** Keshav Mudgal 640808  
**GP:** Dr R N Muthiah  
**Practice:** Salisbury Surgery  
**Date:** 12-March-2013 to 17-May-2013

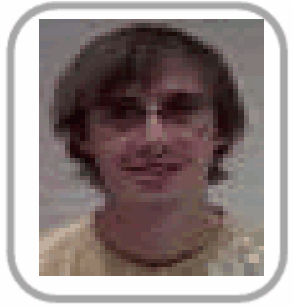
**Please comment on suggested areas of improvement:**

**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 Murden 688519  
**GP:** Dr Jaspreet Grewal  
**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"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>	Signature	Date
			Date



**Student Name:** Michael Paul Murray 686361  
**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:** Besma Musaddaq 720741  
**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:** Arun Nachiappan 638642  
**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:** Muhammad Najim 595823  
**GP:** Dr Ravinder K Kooner  
**Practice:** Cole Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Tagore Nakornchai 591806  
**GP:** Dr Ravinder K Kooner  
**Practice:** Cole Park Surgery  
**Date:** 12-March-2013 to 17-May-2013

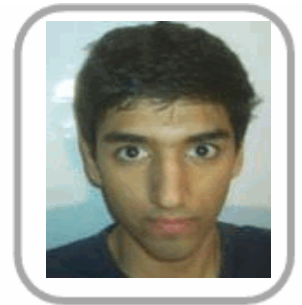
Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Syed Muhammad Umar Nasser 642296  
**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:** Joshua Nazareth 768930  
**GP:** Dr Beth Coward  
**Practice:** Ottershaw Surgery  
**Date:** 12-March-2013 to 17-May-2013

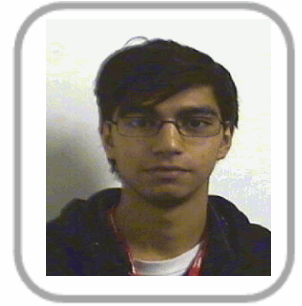
**Please comment on suggested areas of improvement:**

**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"/>	
<input type="checkbox"/>	<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:** Jeremy Warwick Neale 639330  
**GP:** Dr Arun Thiyagarajan  
**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:** Christina Neophytou 644470  
**GP:** Dr Graham Corin  
**Practice:** Urgent Care 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"/>	
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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:** Nga Bao Quynh Nguyen 553937  
**GP:** Dr Laura Wood  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** James Nicholds 595769  
**GP:** Dr Alick Munro  
**Practice:** Cranford 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"/>	
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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:** Chandni Nigam 596459  
**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:** Munachi Nkere 639517  
**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:** Matthew Howard North 687394  
**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:** Pawel Obrocki 644312  
**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:** Lawrence O'Leary 639190  
**GP:** Dr Jaspreet Grewal  
**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:** Joon Faii Ong 638900  
**GP:** Dr Moj Fitzmaurice  
**Practice:** Kew Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

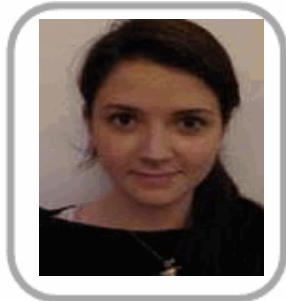
Please comment on suggested areas of improvement:

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

Above Expectations	<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:** Madeleine Clare Morland Openshaw 639228  
**GP:** Dr Padma Kanthan  
**Practice:** 259 Station 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?	
Meets 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:** Naomi Oraha 639381  
**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?	
Meets 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:** Jing Ouyang 596132  
**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:** Binita Panchasara 638616  
**GP:** Dr Sarbjit S Kaler  
**Practice:** Florence Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Kyriacos Loizos Papalouca 596133  
**GP:** Dr Baljit Kaur  
**Practice:** Florence Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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:** John Gapdong Park 593383  
**GP:** Dr Eamonn Rabie  
**Practice:** Grove Medical Practice  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Gary Parkyn 689718  
**GP:** Dr Sham Packianathan  
**Practice:** Buckingham Road Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Aisha Patel 687943  
**GP:** Dr Khaleeda Siraj  
**Practice:** Hammersmith & Fulham Centres for Health  
**Date:** 12-March-2013 to 17-May-2013

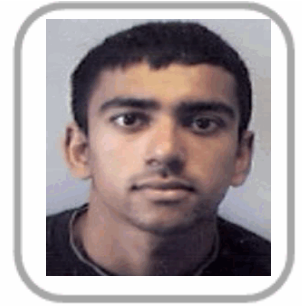
**Please comment on suggested areas of improvement:**

**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:** Anesh Patel 640373  
**GP:** Dr Randitha Hettiarachi  
**Practice:** The Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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 Patel 641232  
**GP:** Dr Shonella Singh  
**Practice:** Mansell Road Practice  
**Date:** 12-March-2013 to 17-May-2013

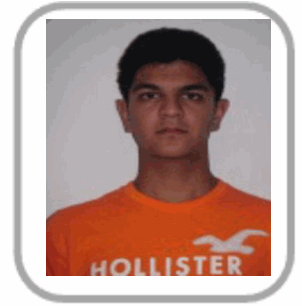
**Please comment on suggested areas of improvement:**

**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:** Nikhil Manish Patel 636228  
**GP:** Dr Jeremy Gray  
**Practice:** Lavender Hill 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:** Nikila Patil 593713  
**GP:** Dr Mahendra Mashru  
**Practice:** Swakeleys Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

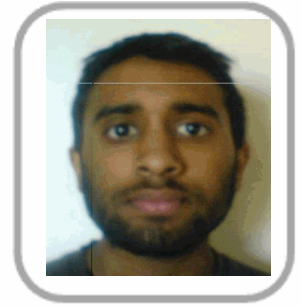
**Please comment on suggested areas of improvement:**

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



**Student Name:** Aaron Philip 639966  
**GP:** Dr Cedric Solomon  
**Practice:** The Medical Centre  
**Date:** 12-March-2013 to 17-May-2013

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

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

Above Expectations	<input type="checkbox"/>	<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 Pitts 639121  
**GP:** Dr Akshay Bhanshaly  
**Practice:** GP Direct  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Emily Judith Plummer 639450  
**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"/>		



**Student Name:** Dmitry Pshezhetskiy 500367  
**GP:** Dr Jude Mills  
**Practice:** Forty Willows Surgery  
**Date:** 12-March-2013 to 17-May-2013

Please comment on suggested areas of improvement:

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

Above Expectations	<input type="checkbox"/>	<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:** Aiysha Misha Clare Puri 640459  
**GP:** Dr Ashwin Anenden  
**Practice:** Freeman 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"/>		