The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Syed Muhammad | Taha | | CID : 640147 |
|---------|-------------|----------------------|------------|-------------|---------------------|
| (35) | Hospital: | Chelsea and Westmin | ister Hosp | ital | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| 1 1 200 | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | , |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Rhea Yan Ying | Tan | | CID : 642160 |
|-------------|---------------------|-----------|-------------|---------------------|
| Hospital: | Northwick Park Hosp | oital | | |
| Speciality: | 10 Week Medicine A | ttachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 4 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Ravina Tanna | | | CID : 641336 |
|------|-------------|---------------------|------------|-------------|---------------------|
| (00) | Hospital: | Chelsea and Westmir | nster Hosp | bital | |
| A Z | Speciality: | 10 Week Medicine At | tachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Dexter Tarr | | | CID : 593835 |
|------|-------------|----------------------|--------|-------------|---------------------|
| 000 | Hospital: | St Mary's Hospital | | | |
| 6- | Speciality: | 10 Week Surgery Atta | chment | | |
| 24-5 | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Eleanor Jenny R | ose Taylo | r | CID : 640715 |
|---------------|----------------------|-----------|-------------|---------------------|
| Hospital: | Ealing Hospital | | | |
| Speciality: | 10 Week Surgery Atta | chment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 5. | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| CONTRACT | Student: | Mr Jonathan Taylor | | | CID : 640126 |
|----------|-------------|----------------------|---------|-------------|---------------------|
| Sel | Hospital: | Northwick Park Hosp | ital | | |
| | Speciality: | 10 Week Surgery Atta | achment | | |
| A The | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Anna Louise Ter | nant | | CID : 643028 |
|-----|-------------|----------------------|---------|-------------|---------------------|
| 00 | Hospital: | West Middlesex Hosp | ital | | |
| 121 | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| 1000 | Student: | Mr Daryl Jian Ming Te | eo | | CID : 593092 |
|-----------------|-------------|-----------------------|----------|-------------|---------------------|
| and allowed and | Hospital: | Northwick Park Hospi | ital | | |
| See. | Speciality: | 10 Week Medicine At | tachment | | |
| 12h | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | <u>.</u> |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Samantha Louis | e Thalaya | singam | CID : 636178 |
|-------------|----------------------|-----------|-------------|---------------------|
| Hospital: | Northwick Park Hospi | tal | | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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| | Student: | Miss Mathura Thaven | dran | | CID: 640338 |
|-----|-------------|----------------------|---------|-------------|--------------------|
| 00 | Hospital: | Ealing Hospital | | | |
| 100 | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | | | |
|---|---|---|--|--|
| Attendance | Knowledge | Overall Performance | | |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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| Student: | Miss Priyangha Thaya | lacumar | | CID : 638911 |
|-----------------|----------------------|---------|-------------|---------------------|
| Hospital: | Hammersmith Hospita | I | | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | <u>4</u> . | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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| | Student: | Miss Mona Theodorak | ci | | CID: 643541 |
|-----|-------------|----------------------|---------|-------------|--------------------|
| | Hospital: | West Middlesex Hosp | ital | | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| 100 | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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| | Student: | Mr Senthuran Thillaina | athan | | CID : 768936 |
|------|-------------|------------------------|--------|-------------|---------------------|
| EA-V | Hospital: | Ealing Hospital | | | |
| 1 | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Megan Thomas | 3 | | CID : 643766 |
|-------|-------------|---------------------|-----------|-------------|---------------------|
| 00 | Hospital: | Central Middlesex H | ospital | | |
| 1 = 1 | Speciality: | 10 Week Medicine A | ttachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | A | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr Brendan Lawless | Thoms | | CID : 526810 |
|-------------|----------------------|-----------|-------------|---------------------|
| Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Samuel Alexander | Brij Tinda | all | CID : 640986 |
|-------------|-------------|----------------------|------------|-------------|---------------------|
| 1 control 1 | Hospital: | Chelsea and Westmin | ister Hosp | pital | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr Joshua Tognarelli | | | CID : 639940 |
|-------------|----------------------|---------|-------------|---------------------|
| Hospital: | St Peter's Hospital | | | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Jonathan Edward | Topping | | CID : 643117 |
|----|-------------|---------------------|---------|-------------|---------------------|
| | Hospital: | West Middlesex Hos | pital | | |
| 13 | Speciality: | 10 Week Surgery Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | A | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Samuel James Tre | enchard | | CID : 636561 |
|---|-------------|----------------------|---------|-------------|---------------------|
| | Hospital: | St Mary's Hospital | | | |
| 6 | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Anna Angela Tre | epekli | | CID : 644194 |
|-------------|----------------------|---------|-------------|---------------------|
| Hospital: | St Mary's Hospital | | | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | A | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Hannah Tullett | | | CID : 642450 |
|-------------|---------------------|----------|-------------|---------------------|
| Hospital: | St Peter's Hospital | | | |
| Speciality: | 10 Week Medicine At | tachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|---|---|--|
| Attendance | Knowledge | Overall Performance | |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| ASTRA . | Student: | Mr Angus Turnbull | | | CID : 551766 |
|---------|-------------|----------------------|----------|-------------|---------------------|
| | Hospital: | Central Middlesex Ho | spital | | |
| 1-2-1 | Speciality: | 10 Week Medicine At | tachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | , | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Paramjit Uppa | I | | CID : 640266 |
|-------------|--------------------|-----------|-------------|---------------------|
| Hospital: | West Middlesex Ho | spital | | |
| Speciality: | 10 Week Surgery A | ttachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 1 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Ines Vaz | | | CID : 640827 |
|-------|-------------|--------------------|----------|-------------|---------------------|
| 1 m | Hospital: | Charing Cross Hosp | ital | | |
| (A) | Speciality: | 10 Week Surgery At | tachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | aj | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Uma Venkataran | nan | | CID : 639397 |
|---------|-------------|----------------------|-----------|-------------|---------------------|
| | Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| (a a b | Speciality: | 10 Week Medicine Att | achment | | |
| ASA | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Laura Vickers | | | CID : 642528 |
|----|-------------|----------------------|---------|-------------|---------------------|
| 36 | Hospital: | St Peter's Hospital | | | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | <u> </u> |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Demelza Rose V | innicomb | e | CID : 768957 |
|---------------------------------------|-------------|----------------------|----------|-------------|---------------------|
| 00 | Hospital: | St Mary's Hospital | | | |
| NEA | Speciality: | 10 Week Surgery Atta | chment | | |
| A A A A A A A A A A A A A A A A A A A | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | <u>.</u> | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Nicholas von Gui | onneau | | CID : 640624 |
|----|-------------|---------------------|-----------|-------------|---------------------|
| 60 | Hospital: | Charing Cross Hospi | tal | | |
| | Speciality: | 10 Week Medicine A | ttachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Lena Elisabeth F | elicitas vo | on Heimendahl | CID : 596225 |
|-------------|-----------------------|-------------|---------------|---------------------|
| Hospital: | Central Middlesex Hos | spital | | |
| Speciality: | 10 Week Surgery Atta | chment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| (and | Student: | Isabell Sophie von Lo | oga | | CID: 682355 |
|-----------|-------------|-----------------------|--------|-------------|--------------------|
| 301 | Hospital: | Charing Cross Hospita | al | | |
| A SA | Speciality: | 10 Week Surgery Atta | chment | | |
| Calletter | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Alison Wallace | | | CID: 641316 |
|-------|-------------|----------------------|--------|-------------|--------------------|
| 1 = = | Hospital: | St Mary's Hospital | | | |
| | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Caoimhe Michel | e Walsh | | CID : 636559 |
|-------|-------------|----------------------|---------|-------------|---------------------|
| | Hospital: | Central Middlesex Ho | spital | | |
| A & A | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Yifei Wang | | | CID: 638812 |
|-------|-------------|--------------------|-----------|-------------|--------------------|
| (= =) | Hospital: | Charing Cross Hosp | oital | | |
| | Speciality: | 10 Week Medicine A | Attachmen | t | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Daniel Ward | | | CID : 685074 |
|---|-------------|----------------------|---------|-------------|---------------------|
| | Hospital: | West Middlesex Hosp | oital | | |
| - | Speciality: | 10 Week Surgery Atta | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| | Student: | Miss Lianne Danielle | Narr | | CID : 682721 |
|-------|-------------|----------------------|-----------|-------------|---------------------|
| | Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| S (3) | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 1 | |

| Firm: Dates: | | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 41 41 |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

The Supervisor should complete the appropriate section of this form for each of the attachment.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team at the end of the specialty block and return the form to the site Teaching Coordinator.



Student: Mr Gregory Warren Hospital: Chelsea and Westminster Hospital Speciality: 10 Week Medicine Attachment Date: 12-Mar-2013 to 17-May 2013

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | |
|---|---|---|--|
| Attendance | Knowledge | Overall Performance | |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: Dates: | | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Sarah Warren | | | CID : 641346 |
|---------------|----------------------|---------|-------------|---------------------|
| Hospital: | West Middlesex Hosp | oital | | |
| Speciality: | 10 Week Surgery Atta | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | A | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Jennifer Rosaling | d Watson | | CID : 642735 |
|---|-------------|------------------------|----------|-------------|---------------------|
| | Hospital: | St Mary's Hospital | | | |
| 0 | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Rui Wei | | | CID : 637888 |
|-----|-------------|----------------------|---------|-------------|---------------------|
| 6 6 | Hospital: | St Mary's Hospital | | | |
| God | Speciality: | 10 Week Medicine Att | achment | | |
| - | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Frances Wensley | y | | CID : 582801 |
|--------|-------------|----------------------|-----------|-------------|---------------------|
| N/a al | Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr Adam Weston | | | CID : 551036 |
|-----------------|----------------------|------------|-------------|---------------------|
| Hospital: | Chelsea and Westmir | ister Hosp | ital | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 23 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr Leo Whitehead | | | CID : 642835 |
|-------------|-------------------|-----------|-------------|---------------------|
| Hospital: | West Middlesex Ho | spital | | |
| Speciality: | 10 Week Surgery A | ttachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Nina Carolin W | Vietek | | CID : 768948 |
|-----|-------------|---------------------|-------------|-------------|---------------------|
| -10 | Hospital: | Chelsea and Westm | ninster Hos | pital | |
| 2 | Speciality: | 10 Week Medicine | Attachmen | t | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr Ryan Gabriel Will | iams | | CID : 685799 |
|---------------|----------------------|------------|-------------|---------------------|
| Hospital: | Chelsea and Westmi | nster Hosp | bital | |
| Speciality: | 10 Week Medicine A | ttachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | , | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| (A) | Student: | Miss Emma Catrin Wi | illiamson | | CID : 638740 |
|-------|-------------|----------------------|-----------|-------------|---------------------|
| 00 | Hospital: | Central Middlesex Ho | spital | | |
| NE/ | Speciality: | 10 Week Medicine At | tachment | | |
| 14.90 | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | A | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Bethany Rachel | Willis | | CID: 636696 |
|-----|-------------|----------------------|-----------|-------------|--------------------|
| 630 | Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | | |
|---|--|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | | |
| Supervisor Name | Supervisor's Signature | 1 | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| | Student: | Miss Melanie Wilso | on | | CID : 596875 |
|-----|-------------|--------------------|-------------|-------------|---------------------|
| 136 | Hospital: | Chelsea and West | minster Hos | spital | |
| | Speciality: | 10 Week Medicine | Attachmen | t | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Jessica Sue Y | 'i Wong | | CID : 639893 |
|------------|-------------|--------------------|-----------|-------------|---------------------|
| a factoria | Hospital: | Northwick Park Hos | spital | | |
| - | Speciality: | 10 Week Surgery A | ttachment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

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It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Alexandra Wood | | | CID : 658174 |
|-------------|-----------------------|--------|-------------|---------------------|
| Hospital: | Northwick Park Hospit | tal | | |
| Speciality: | 10 Week Surgery Atta | chment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| 1 | Student: | Miss Katherine Wright | t | | CID : 644947 |
|-------|-------------|-----------------------|---------|-------------|---------------------|
| - | Hospital: | Central Middlesex Ho | spital | | |
| (con) | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | A | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Laura Wynn-Law | rence | | CID : 639496 |
|----|-------------|-----------------------|--------|-------------|---------------------|
| 60 | Hospital: | Central Middlesex Hos | spital | | |
| | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Ran Xiong | | | CID : 639818 |
|-----|-------------|----------------------|---------|-------------|---------------------|
| | Hospital: | Ealing Hospital | | | |
| 600 | Speciality: | 10 Week Medicine Att | achment | | |
| Z | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Diamantis Xylas | | | CID : 642474 |
|------|-------------|-----------------------|---------|-------------|---------------------|
| 1001 | Hospital: | Hillingdon Hospital | | | |
| | Speciality: | 10 Week Medicine Atta | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Mr Narisu Yang | | | CID : 637120 |
|------|-------------|----------------------|---------|-------------|---------------------|
| Sere | Hospital: | Hammersmith Hospita | al | | |
| | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 1 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | , | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| | Student: | Miss Eirene Yeung | | | CID : 596619 |
|---|-------------|----------------------|---------|-------------|---------------------|
| | Hospital: | Hillingdon Hospital | | | |
| 1 | Speciality: | 10 Week Medicine Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Paula Sophie Za | ininger | | CID : 643076 |
|-------------|----------------------|-----------|-------------|---------------------|
| Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| Speciality: | 10 Week Medicine Att | achment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 1 | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| - | Student: | Miss Alice Nicole Zang | gouras | | CID: 637387 |
|-----|-------------|------------------------|-----------|-------------|--------------------|
| 60 | Hospital: | Chelsea and Westmin | ster Hosp | ital | |
| Sel | Speciality: | 10 Week Surgery Atta | chment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1. | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | 5. | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Mr David Zargaran | | | CID : 593381 |
|-------------|-----------------------|--------|-------------|---------------------|
| Hospital: | Charing Cross Hospita | al | | |
| Speciality: | 10 Week Surgery Atta | chment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | 1 |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| Student: | Miss Abigail Zeitlin | | | CID : 555699 |
|-------------|----------------------|----------|-------------|---------------------|
| Hospital: | Central Middlesex Ho | ospital | | |
| Speciality: | 10 Week Medicine At | tachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

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| | Student: | Miss Alexa Xiao Di Z | hang | | CID : 643875 |
|------|-------------|----------------------|------------|-------------|---------------------|
| (00) | Hospital: | Chelsea and Westmi | nster Hosp | bital | |
| = | Speciality: | 10 Week Surgery Att | achment | | |
| | Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Miss Sihao Zhao | | | CID : 640793 |
|-------------|-----------------------|--------|-------------|---------------------|
| Hospital: | Charing Cross Hospita | al | | |
| Speciality: | 10 Week Surgery Atta | chment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | Dates: | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |

The Supervisor should complete the appropriate section of this form for each of the attachments.

It is the student's responsibility to retain this form, obtain signatures from an appropriate member of the supervising team and at the end of the specialty block and return the form to the site Teaching Co-ordinator.

| Student: | Ms Julia Zimmerman | n | | CID : 643610 |
|-------------|---------------------|------------|-------------|---------------------|
| Hospital: | Chelsea and Westmi | nster Hosp | bital | |
| Speciality: | 10 Week Medicine At | ttachment | | |
| Date: | 12-Mar-2013 | to | 17-May-2013 | |

| Firm: | Dates: | |
|---|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 41 41 | | |

| Firm: | Dates: | |
|---|---|---|
| Attendance | Knowledge | Overall Performance |
| Did the student attend regularly? YES/NO | Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Do you consider the student's overall performance is adequate for their stage of training? YES/NO |
| Supervisor Name | Supervisor's Signature | |

| Firm: | Dates: | | | |
|---|--|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | | |
| Supervisor Name | Supervisor's Signature | 1 | | |

| Firm: | Dates: | | |
|---|--|--|--|
| Attendance Did the student attend regularly? YES/NO | Knowledge Do you consider the student's knowledge is adequate for their stage of training? YES/NO | Overall Performance Do you consider the student's overall performance is adequate for their stage of training? YES/NO | |
| Supervisor Name | Supervisor's Signature | | |