

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Imran Ahmed
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 30 July 2012 to 17 August 2012

CID: 549796



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Yes	Borderline	No																

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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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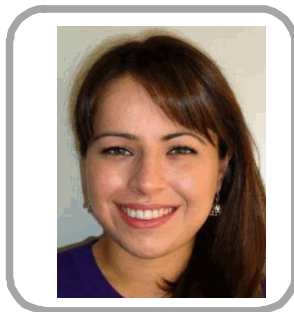
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Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Dr. Hind Al-Qassab
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 30 July 2012 to 17 August 2012

CID: 401200



Please tick grade for each domain

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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Arvinder Athwal
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 30 July 2012 to 17 August 2012

CID: 548458



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Inmook Bae
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 30 July 2012 to 17 August 2012

CID: 467114



Please tick grade for each domain

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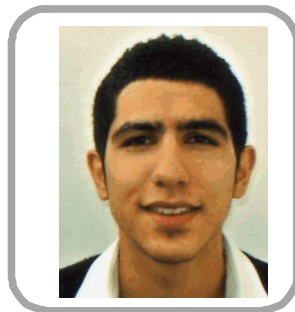
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Bardia Barimani
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 549474



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Stefan Bauer
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 513482



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Grace Elisabeth Emily Britton
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 512676



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Hannah Bryars
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 452285



Please tick grade for each domain

<p>Above Expectations</p> <p>Meets Expectation</p> <p>Borderline</p> <p>Below Expectations</p> <p>Unable to Comment</p>			<p>Clinical Skills</p> <p>Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study?</p> <p><i>Comment:</i></p>															
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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Samuel Byrne
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 551899



Please tick grade for each domain

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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Samuel Chee
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 470599



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Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Elise Yi Jin Chua
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 554029



Please tick grade for each domain

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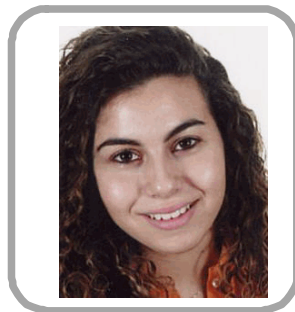
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Below Expectations	<input type="checkbox"/>		

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Katerina Constantinou
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 554474



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Yes	Borderline	No															

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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

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

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Lauren Crook
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 549354



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment			<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Yes	Borderline	No																

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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Harriet Claire Davidson
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 707045



Please tick grade for each domain

Above Expectations Meets Expectation Borderline Below Expectations Unable to Comment		<p>Clinical Skills Has the student achieved the desired level of skill in history taking/clerking/formulation for their current year of study? <i>Comment:</i></p>															
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Please comment on the student's strengths:

Please comment on suggested areas of improvement:

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Miss Frances E M Dixon
Attachment: GUM/HIV/ID
Hospital: Chelsea and Westminster Hospital
Date: 30 July 2012 to 17 August 2012

CID: 512538



Please tick grade for each domain

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

Year 5 GUM/Infectious Diseases/HIV Assessment Form

Student Name: Mr Agneish Dutta
Attachment: GUM/HIV/ID
Hospital: Northwick Park Hospital
Date: 30 July 2012 to 17 August 2012

CID: 552878



Please tick grade for each domain

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