

**Student Name:** Mr Munraj Gill  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 14 September 2012

CID: 549026



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations (You <b>MUST</b> give comments)		Date: _____	

**Student Name:** Mr Christopher Graham  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** North West London Hospitals  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 552602



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations You <b>MUST</b> give comments)		Date: _____	

**Student Name:** Mr Graham Hantman  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Hillingdon Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 552702



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr. Nicholas Mark Edward Hayward

**CID:** 635917

**Attachment:** Paediatrics Core Hospital

**Hospital:** Ealing Hospital

**Date:** 30 July 2012 to 14 September 2012



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations You <b>MUST</b> give comments)		Date: _____	

**Student Name:** Mr Nader Henry  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Ealing Hospital  
**Date:** 30 July 2012 to 14 September 2012

CID: 549902



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

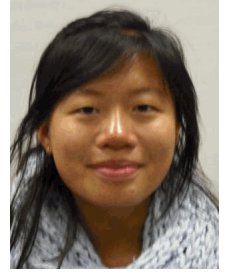
**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations You <b>MUST</b> give comments)			
			Date:

**Student Name:** Miss Alexandra Carmen Ho  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** North West London Hospitals  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 509121



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations You <b>MUST</b> give comments)			
			Date:

**Student Name:** Mr Ali Hosin  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 30 July 2012 to 14 September 2012

CID: 551083



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr Paramdeep Singh Jandu  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 509371



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations You <b>MUST</b> give comments)			
			Date:



**Student Name:** Mr Zhaosheng Jims Jin  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 549514



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

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Meets Expectations			
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Below Expectations You <b>MUST</b> give comments)			
			Date:



**Student Name:** Miss Nina Kumari  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 14 September 2012

CID: 707075



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Miss Sarah Ho Jen Law  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 30 July 2012 to 14 September 2012

CID: 551204



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Miss Rebecca Aroha Le Vay  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 551430



**Supervisor / Tutor's feedback:**

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**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature    Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Miss Huanghuan Li  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 553472



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr Wing-Kin Liu  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 30 July 2012 to 14 September 2012

**CID:** 548594



**Supervisor / Tutor's feedback:**

*May include comments on ability to interact with children of different ages, level of knowledge, professionalism (attendance, punctuality, appearance, respect for patients and their families) and working relationships with peers and health professionals.*

**Please comment on the student's strengths:**

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

**If unable to comment, please give reasons:**

Please indicate the student's overall performance during the core rotation

Above Expectations		Supervisor / Tutor's Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
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