

**Student Name:** Mr Maaz Tahir Sadiq  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** West Middlesex Hospital  
**Date:** 17 September 2012 to 2 November 2012

CID: 554198



**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 Srikumaran Selvarajah  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** West Middlesex Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 553280



**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:**

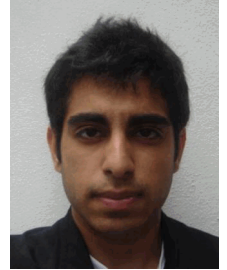
**Please comment on suggested areas of improvement:**

**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 Aamir Shamsi  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 548747



**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 Verena Clare Skinner  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Hillingdon Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 553105



**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 Alice Kaoruko Snell  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** West Middlesex Hospital  
**Date:** 17 September 2012 to 2 November 2012

CID: 548951



**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		Signature: _____ Date: _____	Date: _____
Borderline			
Below Expectations (You <b>MUST</b> give comments)			

**Student Name:** Mr Michael Stoddart  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 507205



**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:  Signature: _____ Date: _____
Meets Expectations		
Borderline		
Below Expectations (You <b>MUST</b> give comments)		
		Student Signature
		Date:

**Student Name:** Miss Anjlie Ajit Thakrar  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 17 September 2012 to 2 November 2012

CID: 548502



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

**Student Name:** Ms. Binta Fatima Umar  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 17 September 2012 to 2 November 2012

CID: 598624



**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 Saira Waraich  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 551468



**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 Ivy Yung Zhen Wong  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 548929



**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"/>		
Borderline	<input type="checkbox"/>	Signature: _____ Date: _____	
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		

**Student Name:** Mr. Mohammed Younas  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** West Middlesex Hospital  
**Date:** 17 September 2012 to 2 November 2012

**CID:** 552485



**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. Yu Zhi Zhang  
**Attachment:** Paediatrics Core Hospital  
**Hospital:** St Mary's Hospital  
**Date:** 17 September 2012 to 2 November 2012

CID: 456750



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