

**Student Name:** Mr Maaz Tahir Sadiq  
**Attachment:** Paediatrics Residency  
**Hospital:** Milton Keynes General Hospital  
**Date:** 8 October 2012 to 19 October 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 residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature
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 Srikumaran Selvarajah  
**Attachment:** Paediatrics Residency  
**Hospital:** Milton Keynes General Hospital  
**Date:** 8 October 2012 to 19 October 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 residency			
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 Residency  
**Hospital:** Kingston Hospital  
**Date:** 8 October 2012 to 19 October 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 residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature
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 Verena Clare Skinner  
**Attachment:** Paediatrics Residency  
**Hospital:** Horton Hospital  
**Date:** 8 October 2012 to 19 October 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 residency			
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>		
			Date:

**Student Name:** Miss Alice Kaoruko Snell  
**Attachment:** Paediatrics Residency  
**Hospital:** Ninewells Hospital  
**Date:** 8 October 2012 to 19 October 2012

CID: 548951



**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 residency				
Above Expectations	<input type="checkbox"/>	Supervisor / Tutor's Name:	Student Signature	
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____		
Borderline	<input type="checkbox"/>			
Below Expectations (You <b>MUST</b> give comments)	<input type="checkbox"/>	Date:		

**Student Name:** Mr Michael Stoddart  
**Attachment:** Paediatrics Residency  
**Hospital:** Hillingdon Hospital  
**Date:** 8 October 2012 to 19 October 2012

CID: 507205



**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 residency			
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 Anjlie Ajit Thakrar  
**Attachment:** Paediatrics Residency  
**Hospital:** Watford General Hospital  
**Date:** 8 October 2012 to 19 October 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:**

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Please indicate the student's overall performance during residency				
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:** Ms. Binta Fatima Umar  
**Attachment:** Paediatrics Residency  
**Hospital:** Medway Hospital  
**Date:** 8 October 2012 to 19 October 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.*

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

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



**Student Name:** Miss Saira Waraich  
**Attachment:** Paediatrics Residency  
**Hospital:** Pilgrim Hospital  
**Date:** 8 October 2012 to 19 October 2012

CID: 551468



**Supervisor / Tutor's feedback:**

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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 Residency  
**Hospital:** Kingston Hospital  
**Date:** 8 October 2012 to 19 October 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.*

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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 residency			
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. Mohammed Younas  
**Attachment:** Paediatrics Residency  
**Hospital:** St Peter's Hospital  
**Date:** 8 October 2012 to 19 October 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.*

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

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

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

**Student Name:** Mr. Yu Zhi Zhang

**CID:** 456750

**Attachment:** Paediatrics Residency

**Hospital:** Medway Hospital

**Date:** 8 October 2012 to 19 October 2012



**Supervisor / Tutor's feedback:**

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