Year 5 Paediatrics Residency Assessment

Student Name: Mr Munraj Gill CID: 549026

Attachment: Paediatrics Residency Southend Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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

Above Expectations

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

Year 5 Paediatrics Residency Assessment

Student Name: Mr Christopher Graham CID: 552602

Attachment: Paediatrics Residency West Middlesex Hospital

Date: 20 August 2012 to 31 August 2012



Student Signature

Date:

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.

Supervisor / Tutor's Name:

Signature:

	Please comment on the student's strengths:	
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	
	in unable to comment, predect give reaccine.	
Ρl	ease indicate the student's overall performance during residency	 _

Date:

Year 5 Paediatrics Residency Assessment

Student Name: Mr Graham Hantman CID: 552702

Attachment: Paediatrics Residency Kingston Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency				
Above Expectations		Supervisor / Tutor's Name:		Student Signature
Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations (You MUST give comments)				Date:

Year 5 Paediatrics Residency Assessment

Student Name: Mr. Nicholas Mark Edward Hayward CID: 635917

Attachment: Paediatrics Residency Ninewells Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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

Year 5 Paediatrics Residency Assessment

Student Name: Mr Nader Henry CID: 549902

Attachment: Paediatrics Residency Good Hope Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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

Year 5 Paediatrics Residency Assessment

Student Name: Miss Alexandra Carmen Ho CID: 509121

Attachment: Paediatrics Residency Horton Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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

Year 5 Paediatrics Residency Assessment

Student Name: Mr Ali Hosin CID: 551083

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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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		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr Paramdeep Singh Jandu CID: 509371

Attachment: Paediatrics Residency Good Hope Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	\
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Please comment on suggested areas of improvement:	
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If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr Zhaosheng Jims Jin CID: 549514

Attachment: Paediatrics Residency Ealing Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
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Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
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Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr Nathan Philip Jones CID: 548825

Attachment: Paediatrics Residency Hillingdon Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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

Year 5 Paediatrics Residency Assessment

Student Name: Miss Sarah Ho Jen Law CID: 551204

Attachment: Paediatrics Residency Southend Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

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	Please comment on suggested areas of improvement:	
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	If unable to comment, please give reasons:	

Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Miss Rebecca Aroha Le Vay CID: 551430

Attachment: Paediatrics Residency Medway Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Miss Huanghuan Li CID: 553472

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
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Please comment on suggested areas of improvement:	
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Please indicate the student's overall performance during residency								
Above Expectations		Supervisor / Tutor's Name:		Student Signature				
Meets Expectations								
Borderline		Signature:	Date:					
Below Expectations (You MUST give comments)				Date:				

Year 5 Paediatrics Residency Assessment

Student Name: Mr Wing-Kin Liu CID: 548594

Attachment: Paediatrics Residency Ealing Hospital

Date: 20 August 2012 to 31 August 2012



Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	
	Please comment on suggested areas of improvement:	
	If unable to comment, please give reasons:	
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Please indicate the student's overall performance during residency								
Above Expectations		Supervisor / Tutor's Name:		Student Signature				
Meets Expectations								
Borderline		Signature:	Date:					
Below Expectations (You MUST give comments)				Date:				