

**Student Name:** Mr Munraj Gill  
**Attachment:** Paediatrics Residency  
**Hospital:** Southend Hospital  
**Date:** 20 August 2012 to 31 August 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 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 Christopher Graham  
**Attachment:** Paediatrics Residency  
**Hospital:** West Middlesex Hospital  
**Date:** 20 August 2012 to 31 August 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 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 Graham Hantman  
**Attachment:** Paediatrics Residency  
**Hospital:** Kingston Hospital  
**Date:** 20 August 2012 to 31 August 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 residency			
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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:** Mr. Nicholas Mark Edward Hayward

**CID:** 635917

**Attachment:** Paediatrics Residency

**Hospital:** Ninewells Hospital

**Date:** 20 August 2012 to 31 August 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:**

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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:** Mr Nader Henry  
**Attachment:** Paediatrics Residency  
**Hospital:** Good Hope Hospital  
**Date:** 20 August 2012 to 31 August 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.*

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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"/>		

**Student Name:** Miss Alexandra Carmen Ho  
**Attachment:** Paediatrics Residency  
**Hospital:** Horton Hospital  
**Date:** 20 August 2012 to 31 August 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 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 Ali Hosin  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 31 August 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:**

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

**Student Name:** Mr Paramdeep Singh Jandu  
**Attachment:** Paediatrics Residency  
**Hospital:** Good Hope Hospital  
**Date:** 20 August 2012 to 31 August 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.*

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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"/>			



**Student Name:** Mr Zhaosheng Jims Jin  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 20 August 2012 to 31 August 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.*

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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"/>		

**Student Name:** Mr Nathan Philip Jones  
**Attachment:** Paediatrics Residency  
**Hospital:** Hillingdon Hospital  
**Date:** 20 August 2012 to 31 August 2012

CID: 548825



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

**Student Name:** Miss Sarah Ho Jen Law  
**Attachment:** Paediatrics Residency  
**Hospital:** Southend Hospital  
**Date:** 20 August 2012 to 31 August 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:**

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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:** Miss Rebecca Aroha Le Vay  
**Attachment:** Paediatrics Residency  
**Hospital:** Medway Hospital  
**Date:** 20 August 2012 to 31 August 2012

CID: 551430



**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"/>		

**Student Name:** Miss Huanghuan Li  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 20 August 2012 to 31 August 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:**

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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:** Mr Wing-Kin Liu  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 20 August 2012 to 31 August 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.*

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

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

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Borderline	<input type="checkbox"/>		
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