

**Student Name:** Miss Sandy Ghattas  
**Attachment:** Paediatrics Residency  
**Hospital:** Southend Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 553483



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

**Student Name:** Mr Zhong Min Goh  
**Attachment:** Paediatrics Residency  
**Hospital:** West Middlesex Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 552498



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

**Student Name:** Miss Sarah Anna Grover  
**Attachment:** Paediatrics Residency  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 549339



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

**Student Name:** Miss Lindsay Hennah  
**Attachment:** Paediatrics Residency  
**Hospital:** St Mary's Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 508302



**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:**

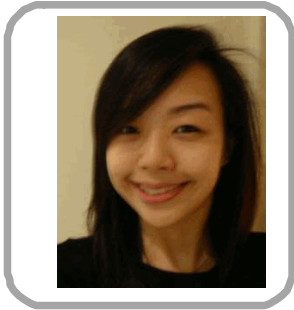
**Please comment on suggested areas of improvement:**

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

**Student Name:** Miss Danielle Wei Ling Ho  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 551426



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

**Student Name:** Miss Marie Houdmont  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 507115



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

**Student Name:** Miss Hannah Chu-Han Huang  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 554460



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

**Student Name:** Mr Abhishek Kakkar  
**Attachment:** Paediatrics Residency  
**Hospital:** Queen Alexandra Hospital  
**Date:** 26 November 2012 to 7 December 2012

CID: 507326



**Supervisor / Tutor's feedback:**

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

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



**Student Name:** Mr Neeraj Kalra  
**Attachment:** Paediatrics Residency  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 553375



**Supervisor / Tutor's feedback:**

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

**Student Name:** Mr Rajit Khosla  
**Attachment:** Paediatrics Residency  
**Hospital:** Medway Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 548869



**Supervisor / Tutor's feedback:**

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

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

**Student Name:** Miss Marie Kubo  
**Attachment:** Paediatrics Residency  
**Hospital:** Royal Berkshire Hospital  
**Date:** 26 November 2012 to 7 December 2012

CID: 510112



**Supervisor / Tutor's feedback:**

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

**Student Name:** Miss Charlotte Lake  
**Attachment:** Paediatrics Residency  
**Hospital:** Hillingdon Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 510645



**Supervisor / Tutor's feedback:**

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

**Student Name:** Miss Philippa Lee  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 548566



**Supervisor / Tutor's feedback:**

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

**Student Name:** Mr Benjamin Blake Lindsey  
**Attachment:** Paediatrics Residency  
**Hospital:** Ninewells Hospital  
**Date:** 26 November 2012 to 7 December 2012

**CID:** 549709



**Supervisor / Tutor's feedback:**

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