Year 5 Paediatrics Residency Assessment

Student Name: Mr Karthick Manoharan CID: 550315

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 28 January 2013 to 8 February 2013



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 Rosalind Claire Marshall CID: 549424

Attachment: Paediatrics Residency Ealing Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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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 Naeem Meghjee CID: 553925

Attachment: Paediatrics Residency Medway Hospital

Date: 28 January 2013 to 8 February 2013



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. Robert Mitchell CID: 636366

Attachment: Paediatrics Residency Southend Hospital

Date: 28 January 2013 to 8 February 2013



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: Miss Abirami Murugesh-Warren CID: 552548

Attachment: Paediatrics Residency Hillingdon Hospital

Date: 28 January 2013 to 8 February 2013



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: Ms. Helen Nightingale CID: 641577

Attachment: Paediatrics Residency Pilgrim Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on the student's strengths:	\
Please comment on suggested areas of improvements	
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 Rory O'Kane CID: 552631

Attachment: Paediatrics Residency Horton Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
If unable to comment, places give receive	
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 Mehmet Ozturk CID: 552539

Attachment: Paediatrics Residency Hammersmith Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on suggested areas of improvement:	
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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 Kapil Patel CID: 554917

Attachment: Paediatrics Residency St Mary's Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	
Please comment on the student's strengths:	\
Please comment on suggested areas of improvements	
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 Shrawan Ravindrakumar Patel CID: 513050

Attachment: Paediatrics Residency Ninewells Hospital

Date: 28 January 2013 to 8 February 2013



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 Georgina Stefanie Anne Phillips CID: 508521

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 28 January 2013 to 8 February 2013



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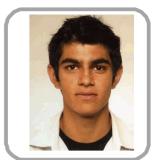
Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr James Hari Price CID: 549158

Attachment: Paediatrics Residency St Peter's Hospital

Date: 28 January 2013 to 8 February 2013



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 Anand Ramesh CID: 553170

Attachment: Paediatrics Residency Northwick Park Hospital

Date: 28 January 2013 to 8 February 2013



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 Sana Rizvi CID: 554940

Attachment: Paediatrics Residency
West Middlesex Hospital

Date: 28 January 2013 to 8 February 2013



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:		