Year 5 Paediatrics Residency Assessment

Student Name: Miss Dilshad Sachedina CID: 552766

Attachment: Paediatrics Residency Queen Alexandra Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

	Please comment on the student's strengths:	
	i lease comment on the statent a 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. Paramvir Sawhney CID: 412123

Attachment: Paediatrics Residency

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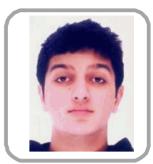
Please indicate the student's overall performance during residency					
Above Expectations		Supervisor / Tutor's Name:		Student Signature	
Meets Expectations					
Borderline		Signature:	Date:		
Below Expectations (You MUST give comments)				Date:	

Year 5 Paediatrics Residency Assessment

Student Name: Mr Kushal Hitesh Shah CID: 549129

Attachment: Paediatrics Residency
Queen Alexandra Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

7	Please comment on the student's strengths:	1	
	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 Samee Siddiqui CID: 550339

Attachment: Paediatrics Residency

Hospital: Chelsea and Westminster 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:	
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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 Joshua Singleton CID: 555249

Attachment: Paediatrics Residency Royal Berkshire Hospital

Date: 28 January 2013 to 8 February 2013



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.

Please indicate the student's overall performance during residency

Signature:

Supervisor / Tutor's Name:

Above Expectations

Meets Expectations

Below Expectations

(You MUST give comments)

Borderline

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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Date:

Year 5 Paediatrics Residency Assessment

CID: 551686

Student Name: Miss Laura Amy Sparks

Attachment: Paediatrics Residency Southend 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: Miss Rachel Swain CID: 467196

Attachment: Paediatrics Residency Watford General 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: Miss Dawn Louise Thompson CID: 643249

Attachment: Paediatrics Residency Ealing Hospital

Date: 28 January 2013 to 8 February 2013



Supervisor / Tutor's feedback:

Please comment on the student's strengths:	١
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 Nicole van der Spuy CID: 509341

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:	
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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 Ted Joseph Pole Welman CID: 553189

Attachment: Paediatrics Residency Kingston 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: Miss Helen Wing Chi Wong CID: 512127

Attachment: Paediatrics Residency Good Hope 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: Miss Emma Yang CID: 509019

Attachment: Paediatrics Residency
Stoke Mandeville Hospital

Date: 28 January 2013 to 8 February 2013



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:	
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 Zoe Alexandra Young CID: 644652

Attachment: Paediatrics Residency Kingston 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 Xu Zhu CID: 510664

Attachment: Paediatrics Residency Southend 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:				