

**Student Name:** Mr Jasdeep Singh Gill  
**Attachment:** Paediatrics Residency  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 550333



**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 Henry Goodier  
**Attachment:** Paediatrics Residency  
**Hospital:** Kingston Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 555230



**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:** Miss Hannah Gould Brown  
**Attachment:** Paediatrics Residency  
**Hospital:** Medway Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 452219



**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:** Miss You Kyung Julia Han  
**Attachment:** Paediatrics Residency  
**Hospital:** St Peter's Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 510696



**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:** Miss Neda Hasan  
**Attachment:** Paediatrics Residency  
**Hospital:** Royal Berkshire Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 551609



**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:** Miss Bethan Herring  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 550807



**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:** Miss Charlotte Megan Holdsworth  
**Attachment:** Paediatrics Residency  
**Hospital:** Ninewells Hospital  
**Date:** 18 March 2013 to 29 March 2013

**CID:** 707049



**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:** Ms. Ruhella Hossain  
**Attachment:** Paediatrics Residency  
**Hospital:** Northwick Park Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 592997



**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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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 Michael Erian Ibrahim  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 426451



**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. Aminul Islam  
**Attachment:** Paediatrics Residency  
**Hospital:** Southend Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 550011



**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:**

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

**Student Name:** Mr Logan Jayabalan  
**Attachment:** Paediatrics Residency  
**Hospital:** West Middlesex Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 456195



**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 Christopher Jones  
**Attachment:** Paediatrics Residency  
**Hospital:** Conquest Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 552529



**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:**

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 Nakul Kapoor  
**Attachment:** Paediatrics Residency  
**Hospital:** Conquest Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 507858



**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"/>		

**Student Name:** Miss Nana Akosua Serwah Karikari-Boateng **CID:** 483880  
**Attachment:** Paediatrics Residency  
**Hospital:** Pilgrim Hospital  
**Date:** 18 March 2013 to 29 March 2013



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

**Student Name:** Miss Faraa Karim  
**Attachment:** Paediatrics Residency  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 549418



**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"/>		

**Student Name:** Miss Yasmin Kassir  
**Attachment:** Paediatrics Residency  
**Hospital:** Medway Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 551582



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



**Student Name:** Mr Thanighan Kirupanathan  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 549049



**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:**

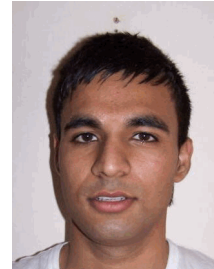
**Please comment on suggested areas of improvement:**

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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 Navraj Singh Kular  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 553184



**Supervisor / Tutor's feedback:**

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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 Christopher Lai  
**Attachment:** Paediatrics Residency  
**Hospital:** Ealing Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 467980



**Supervisor / Tutor's feedback:**

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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 Christina Lees  
**Attachment:** Paediatrics Residency  
**Hospital:** Pilgrim Hospital  
**Date:** 18 March 2013 to 29 March 2013

CID: 511520



**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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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 Ines Oktavia Lolosidi  
**Attachment:** Paediatrics Residency  
**Hospital:** Stoke Mandeville Hospital  
**Date:** 18 March 2013 to 29 March 2013

**CID:** 639182



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