

Year 5 Radiology Assessment Form

Student Name: Mr Imran Ahmed
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 3 September 2012 to 7 September 2012

CID: 549796



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name:	Student Signature
Meets Expectations		Signature:	
Borderline			
Below Expectations		Date:	

Year 5 Radiology Assessment Form

Student Name: Dr. Hind Al-Qassab **CID:** 401200
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 3 September 2012 to 7 September 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations			
Borderline			
Below Expectations			

Student Name: Miss Arvinder Athwal
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 3 September 2012 to 7 September 2012

CID: 548458



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
			Working with colleagues

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations		Consultant Name:	Student Signature
Meets Expectations		Signature: _____ Date: _____	
Borderline			
Below Expectations			Date:

Student Name: Mr. Bahig Saleh Keddiss Aziz
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 3 September 2012 to 7 September 2012

CID: 707037



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations		Consultant Name:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	Date:
Below Expectations			

Student Name: Mr Inmook Bae
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 3 September 2012 to 7 September 2012

CID: 467114



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations			
Borderline			
Below Expectations			

Student Name: Mr Bardia Barimani
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012

CID: 549474



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations			
Borderline			
Below Expectations			

Student Name: Miss Shanika Deshani Basnayake
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 3 September 2012 to 7 September 2012

CID: 614419



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Comment: Reliability and attendance Respect for patients Working with colleagues

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations	<input type="checkbox"/>	Consultant Name: <hr/> Signature: Date:	Student Signature Date:
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Student Name: Mr Stefan Bauer **CID:** 513482
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012



ACTIVITY	DATE	STAFF SIGNATURE

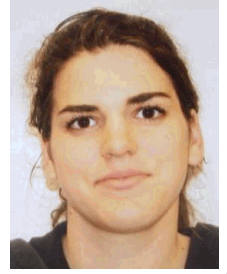
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>	Signature: _____ Date: _____	
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Grace Elisabeth Emily Britton
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012

CID: 512676



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Comment: Reliability and attendance Respect for patients Working with colleagues

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>	Signature:	Date:
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Hannah Bryars **CID:** 452285
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 3 September 2012 to 7 September 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism
			Has the student met the requirements for the following areas of professionalism: Appearance Comment: Reliability and attendance Respect for patients Working with colleagues

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>	Signature: Date:	
Below Expectations	<input type="checkbox"/>		
			Date:

Student Name: Mr. Douglas John Burke
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 3 September 2012 to 7 September 2012

CID: 550918



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations			
Borderline			
Below Expectations			

Student Name: Mr Samuel Byrne
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 3 September 2012 to 7 September 2012

CID: 551899



ACTIVITY			DATE	STAFF SIGNATURE
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Comment: Reliability and attendance Respect for patients Working with colleagues	

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Student Name: Mr Samuel Chee
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012

CID: 470599



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name:	Student Signature
Meets Expectations			
Borderline			
Below Expectations			
		Signature:	Date:
		Date:	

Student Name: Miss Elise Yi Jin Chua
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012

CID: 554029



ACTIVITY	DATE	STAFF SIGNATURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Comment: _____ Reliability and attendance Respect for patients Working with colleagues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name: _____ Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Katerina Constantinou
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 3 September 2012 to 7 September 2012

CID: 554474



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations		
Borderline		
Below Expectations		

Year 5 Radiology Assessment Form

Student Name: Miss Lauren Crook **CID:** 549354
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 3 September 2012 to 7 September 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	<p>Professionalism Has the student met the requirements for the following areas of professionalism:</p> <p>Appearance Comment:</p> <p>Reliability and attendance</p> <p>Respect for patients</p> <p>Working with colleagues</p>

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
Date:			

Year 5 Radiology Assessment Form

Student Name: Miss Harriet Claire Davidson **CID:** 707045
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 3 September 2012 to 7 September 2012



ACTIVITY	DATE	STAFF SIGNATURE

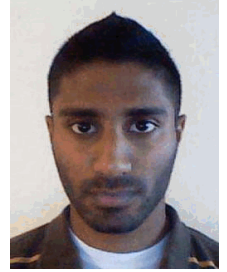
Yes	Borderline	No	Professionalism
			Has the student met the requirements for the following areas of professionalism: Appearance Comment: Reliability and attendance Respect for patients Working with colleagues

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 Radiology Assessment Form

Student Name: Mr. Kaveesh Dissanayake
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 3 September 2012 to 7 September 2012

CID: 644534



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations			
Borderline			
Below Expectations			

Student Name: Miss Frances E M Dixon
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 3 September 2012 to 7 September 2012

CID: 512538



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>	Signature: _____ Date: _____	Date: _____
Below Expectations	<input type="checkbox"/>		

Student Name: Mr Agneish Dutta
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 3 September 2012 to 7 September 2012

CID: 552878



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment: _____ _____ _____

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

Above Expectations		Consultant Name:	Student Signature Date:
Meets Expectations			
Borderline		Signature:	
Below Expectations		Date:	