



**Student Name:** Miss Krsna Mahubani  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 13 August 2012 to 17 August 2012

**CID:** 549617



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
			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:** Mr. Alexander McFarquhar  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 13 August 2012 to 17 August 2012

CID: 643840



ACTIVITY	DATE	STAFF SIGNATURE

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

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 Mark Mikhail **CID:** 511917  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 13 August 2012 to 17 August 2012



ACTIVITY	DATE	STAFF SIGNATURE

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

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:	

## Year 5 Radiology Assessment Form

**Student Name:** Miss Sarah Lindsay Morton **CID:** 548992  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 13 August 2012 to 17 August 2012



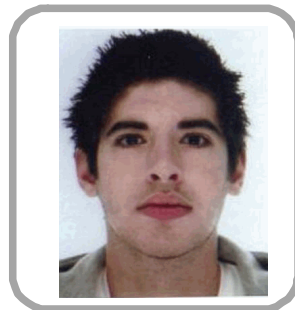
ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism		
			Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span>		
			<b>Reliability and attendance</b>		
			<b>Respect for patients</b>		
			<b>Working with colleagues</b>		

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations Meets Expectations Borderline Below Expectations		Consultant Name:	Student Signature
		Signature: <span style="margin-left: 150px;">Date:</span>	
			Date:

**Year 5 Radiology Assessment Form**

**Student Name:** Mr Thomas Hedley Newman **CID:** 554112  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 13 August 2012 to 17 August 2012



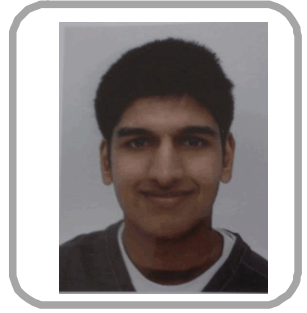
ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism
			Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

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: <span style="float: right;">Date:</span>	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

**Student Name:** Mr Aaron Odedra  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 13 August 2012 to 17 August 2012

**CID:** 549510



ACTIVITY			DATE	STAFF SIGNATURE
<b>Yes</b>	<b>Borderline</b>	<b>No</b>	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	

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

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

**Student Name:** Mr. Andrew Kofi Bandoh Owusu-Agyei **CID:** 549265  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 13 August 2012 to 17 August 2012



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

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"/>		
Below Expectations	<input type="checkbox"/>		
		Signature:	Date:
			Date:













