Year 5 Radiology Assessment Form

Student Name: Mr Maaz Tahir Sadiq CID: 554198

Attachment: Radiology Hospital:



	Α	CTIVITY		DATE	STAFF SIGNATURE	
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of professionalism:	
			Appearance Comment:			
			Reliability and attendance			
			Respect for patients			
			Working with colle			

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:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Mr. Paramvir Sawhney CID: 412123

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	Α	CTIVITY	,	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 colle	agues				

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:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Mr Srikumaran Selvarajah **CID:** 553280

Attachment:

Radiology Hospital:



	А	CTIVITY		DATE	STAFF SIGNATURE	
Yes	Borderline	No	Professionalism			
		-	Has the student met	the requirements for the fo	llowing areas of professionalism:	
Appearance				(Comment:	
	Reliability and attendance					
			Respect for patients			
			Working with colle	agues		

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:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Mr Aamir Shamsi CID: 548747

Attachment:

Radiology

Hospital: Date:



ACTIVITY	DATE	STAFF SIGNATURE		
	Professionalism Has the student met the requirements for the following areas of professionalism:			
Appeara	Appearance Comment:			
Reliabil	Reliability and attendance			
Respect	Respect for patients			
	y 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				
Borderline		Signature:	Date:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Miss Verena Clare Skinner CID: 553105

Attachment:

Radiology

Hospital: Date:



	Α	CTIVITY	•	DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of professionalism:		
			Appearance Comment:				
			Reliability and attendance				
			Respect for patients				
			Working with colle				
			TTOIRING WILLI COLLE	agaco			

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:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Miss Alice Kaoruko Snell CID: 548951

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism				
			Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:				
Reliability and atte				ndance			
			Respect for patients				
			Working with colle				
			9	=			

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:	
Below Expectations				Date:

Year 5 Radiology Assessment Form

Student Name: Mr Michael Stoddart **CID:** 507205

Attachment:

Radiology

Hospital:

Hammersmith Hospital

Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
<u> </u>								
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	ollowing areas of professionalism:			
			Appearance	(Comment:			
			Reliability and atte	Reliability and attendance				
			Respect for patient					
'			Respect for patient	19				
		<u> </u>	Working with colle	agues				

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:		
Below Expectations				Date:	

Year 5 Radiology Assessment Form

Student Name: Miss Anjlie Ajit Thakrar CID: 548502

Attachment:

Radiology

Hospital:

Hammersmith Hospital

Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
<u> </u>								
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	ollowing areas of professionalism:			
			Appearance	(Comment:			
			Reliability and atte	Reliability and attendance				
			Respect for patient					
'			Respect for patient	19				
		<u> </u>	Working with colle	agues				

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:		
Below Expectations				Date:	

Year 5 Radiology Assessment Form

Student Name: Mr. Gary Tse CID: 571707

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	А	CTIVITY		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 colle	agues			

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:		
Below Expectations				Date:	

Year 5 Radiology Assessment Form

Student Name: Ms. Binta Fatima Umar CID: 598624

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	Α	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			izespection patient	.5				
			Working with colle	agues				

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:		
Below Expectations				Date:	

Year 5 Radiology Assessment Form

Student Name: Miss Saira Waraich CID: 551468

Attachment:

Hospital: Radiology

Date: Charing Cross Hospital



	Α	CTIVITY	•	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	t the requirements for the fo	llowing areas of professionalism:			
			Appearance	Commont				
			Reliability and attendance					
			Respect for patients					
			Working with colle	eagues				

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

Year 5 Radiology Assessment Form

Student Name: Miss Ivy Yung Zhen Wong **CID**: 548929

Attachment: Hospital:

Radiology

Northwick Park Hospital

Date:



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

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:		
Below Expectations				Date:	

Year 5 Radiology Assessment Form

Student Name: Mr. Mohammed Younas CID: 552485

Attachment:

Radiology

Hospital: Date:



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				

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

Year 5 Radiology Assessment Form

Student Name: Mr. Yu Zhi Zhang CID: 456750

Attachment:

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Hospital:

Radiology Charing Cross Hospital

Date:



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			
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Meets Expectations				
Borderline		Signature:	Date:	
Below Expectations				Date: