

Student Name: Mr Sayed Iftekhhar Al-Aidarous
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 22 October 2012 to 26 October 2012

CID: 551944



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. Edward Peter Jack Amiry
Attachment: Radiology
Hospital: Northwick Park Hospital
Date: 22 October 2012 to 26 October 2012

CID: 642869



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

Year 5 Radiology Assessment Form

Student Name: Miss Sophie Aylett
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 22 October 2012 to 26 October 2012

CID: 643273



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:
Below Expectations			

Student Name: Miss Rosanna Baker-Wilding
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 22 October 2012 to 26 October 2012

CID: 644718



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

Year 5 Radiology Assessment Form

Student Name: Mr Tristan Douglas Hamilton Brown
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 22 October 2012 to 26 October 2012

CID: 554148



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:	

Year 5 Radiology Assessment Form

Student Name: Mr. Johnson Yi Hao Chen **CID:** 644537
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 22 October 2012 to 26 October 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		Consultant Name:	Student Signature
Meets Expectations			
Borderline		Signature: Date:	
Below Expectations			
			Date:

Student Name: Miss Emily Bridine Clifford
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 22 October 2012 to 26 October 2012

CID: 508923



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

Year 5 Radiology Assessment Form

Student Name: Miss Frances Conti-Ramsden
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 22 October 2012 to 26 October 2012

CID: 638865



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

Year 5 Radiology Assessment Form

Student Name: Miss Christina Keshini Crossette-Thambiah **CID:** 549991
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 22 October 2012 to 26 October 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"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 Radiology Assessment Form

Student Name: Mr Rhys John Davies **CID:** 551096
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 1 October 2012 to 5 October 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"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		Date:

Student Name: Dr. Anthony Dorr
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 22 October 2012 to 26 October 2012

CID: 504633



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: _____ Date: _____		
Borderline				
Below Expectations		Date: _____		

Year 5 Radiology Assessment Form

Student Name:	Mr Thomas Edwards	CID: 553771
Attachment:	Radiology	
Hospital:	Charing Cross Hospital	
Date:	22 October 2012 to 26 October 2012	



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	
<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:	Student Signature
Meets Expectations	<input type="checkbox"/>	Signature: Date:	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Year 5 Radiology Assessment Form

Student Name: Mr Oliver Geoffrey Flannery
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 22 October 2012 to 26 October 2012

CID: 510069



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