Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Sandy Ghattas **CID:** 553483
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Zhong Min Goh **CID:** 552498
Attachment: Radiology
Hospital: Hammersmith 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: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Sarah Anna Grover **CID:** 549339
Attachment: Radiology
Hospital: Chelsea and Westminster 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: Comment:
			Appearance
			Reliability and attendance
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			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Lindsay Hennah **CID:** 508302
Attachment: Radiology
Hospital: Charing Cross 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: 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.

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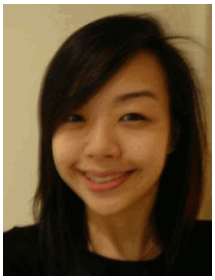
Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Danielle Wei Ling Ho **CID:** 551426
Attachment: Radiology
Hospital: Hammersmith 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: Comment:
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			Reliability and attendance
			Respect for patients
			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Marie Houdmont **CID:** 507115
Attachment: Radiology
Hospital: Hammersmith 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.

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Hannah Chu-Han Huang **CID:** 554460
Attachment: Radiology
Hospital: Chelsea and Westminster 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: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
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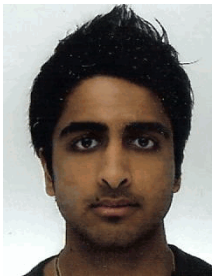
Above Expectations		Consultant Name:	Student Signature
Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Abhishek Kakkar **CID:** 507326
Attachment: Radiology
Hospital: Northwick Park 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: Comment:
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Above Expectations		Consultant Name:	Student Signature
Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Neeraj Kalra **CID:** 553375
Attachment: Radiology
Hospital: Hammersmith 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: Comment:
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			Respect for patients
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Meets Expectations		Signature: Date:	
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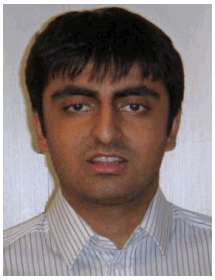
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Rajit Khosla **CID:** 548869
Attachment: Radiology
Hospital: Chelsea and Westminster 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: Comment:
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			Working with colleagues

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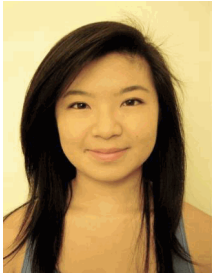
Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Marie Kubo **CID:** 510112
Attachment: Radiology
Hospital: Northwick Park 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: Comment:
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			Respect for patients
			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Charlotte Lake **CID:** 510645
Attachment: Radiology
Hospital: Northwick Park 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: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Philippa Lee **CID:** 548566
Attachment: Radiology
Hospital: Hammersmith 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: 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.

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Benjamin Blake Lindsey **CID:** 549709
Attachment: Radiology
Hospital: Hammersmith 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: Comment:
			Appearance
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			Respect for patients
			Working with colleagues

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Meets Expectations		Signature: Date:	
Borderline			
Below Expectations			Date: