

Year 5 Radiology Assessment Form

Student Name: Miss Eman Malhas
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 1 October 2012 to 5 October 2012

CID: 508516



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"/>		

Student Name: Miss Amy Ellena Katharine Mallorie
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 1 October 2012 to 5 October 2012

CID: 510230



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"/>		

Year 5 Radiology Assessment Form

Student Name: Miss Ramya Manoharan
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 1 October 2012 to 5 October 2012

CID: 548434



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: Miss Isabel Victoria McLuskie
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 1 October 2012 to 5 October 2012

CID: 508968



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			Date:
Borderline		Signature: _____ Date: _____	
Below Expectations			

Year 5 Radiology Assessment Form

Student Name: Mr Benjamin Luke Milne
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 1 October 2012 to 5 October 2012

CID: 549169



ACTIVITY	DATE	STAFF SIGNATURE
Yes	Borderline	No

<p>Professionalism Has the student met the requirements for the following areas of professionalism:</p> <p>Appearance</p> <p>Reliability and attendance</p> <p>Respect for patients</p> <p>Working with colleagues</p> <p>Comment:</p>

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

<table border="1"> <tr> <td>Above Expectations</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Meets Expectations</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Borderline</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Below Expectations</td> <td><input type="checkbox"/></td> </tr> </table>	Above Expectations	<input type="checkbox"/>	Meets Expectations	<input type="checkbox"/>	Borderline	<input type="checkbox"/>	Below Expectations	<input type="checkbox"/>	<p>Consultant Name:</p> <hr/> <p>Signature: _____ Date: _____</p>	<p>Student Signature</p> <hr/> <p>Date: _____</p>
Above Expectations	<input type="checkbox"/>									
Meets Expectations	<input type="checkbox"/>									
Borderline	<input type="checkbox"/>									
Below Expectations	<input type="checkbox"/>									

Year 5 Radiology Assessment Form

Student Name: Miss Maleeha Munnawwar
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 1 October 2012 to 5 October 2012

CID: 508964



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		Signature: _____ Date: _____			
Borderline					
Below Expectations				Date: _____	

Student Name: Mr. Huy Quang Nguyen
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 1 October 2012 to 5 October 2012

CID: 550027



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 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 Kalliste Anna Ronghui Oh
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 1 October 2012 to 5 October 2012

CID: 644349



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	Consultant Name: Signature: _____ Date: _____	Student Signature Date: _____

