Year 5 Radiology Assessment Form

Student Name: Miss Eman Malhas CID: 508516

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



ACTIVITY	DATE	STAFF SIGNATURE		
	ionalism student met the requirements for the fo			
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 Amy Ellena Katharine Mallorie CID: 510230

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: Miss Ramya Manoharan CID: 548434

Attachment:

Radiology

Hospital:

St Mary's 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: Miss Isabel Victoria McLuskie **CID:** 508968

Attachment:

Radiology

Hospital:

St Mary's 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 Benjamin Luke Milne **CID:** 549169

Attachment:

Radiology

Hospital:

St Mary's 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: Miss Maleeha Munnawwar CID: 508964

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. Huy Quang Nguyen CID: 550027

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				
			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: Miss Kalliste Anna Ronghui Oh CID: 644349

Attachment:
Hospital:
Radiology
St Mary's Hospital

Date: 1 October 2012 to 5 October 2012



	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				
<u> </u>			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 Jedda Oyenuga CID: 549970

Attachment:
Hospital:
Radiology
St Mary's Hospital

Date: 1 October 2012 to 5 October 2012



	Α	CTIVITY	,	DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of 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: Miss Jennifer Priti Patel CID: 549388

Attachment:

Radiology

Hospital:

St Mary's 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: Miss Radheka Puja Tushar Patel CID: 513680

Attachment:

Radiology

Hospital:

Central Middlesex 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				
			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: Miss Melissa Nicole Petronikolos CID: 454735

Attachment:

Radiology

Hospital:

Central Middlesex Hospital

Date:



	Α	CTIVITY	,	DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of 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. Alexander Presland CID: 643986

Attachment:

Radiology

Hospital:

Hammersmith 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				ts				
			Working with colleagues					
			5	<u> </u>				

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 Iniya Rajendran CID: 513479

Attachment: Radiology

Hospital: Chelsea and Westminster Hospital
1 October 2012 to 5 October 2012



	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 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 Kate Margaret Richmond CID: 555427

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



ACTIVITY				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 Toby Alan Rowland CID: 549490

Attachment: Radiology Chelega a

Chelsea and Westminster Hospital
1 October 2012 to 5 October 2012



ACTIVITY				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:	