Year 5 Radiology Assessment Form

Student Name: Mr James Sanjay Samarasekara CID: 548674

Attachment:

Radiology

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 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 Oshini Shivakumar CID: 707085

Attachment:

Radiology

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: Miss Rebecca Thoibi Singh CID: 549367

Attachment:

Radiology

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 David John Fergus Smith **CID**: 507656

Attachment:

Radiology Hospital:

Northwick Park 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: Mr Viknesh Sounderajah CID: 549435

Attachment:

Radiology

Hospital:

Hammersmith 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 Tharanny Srisatkunam CID: 552914

Attachment:

Radiology

Hospital:

Hammersmith 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 Shivanee Tharmalingam CID: 508592

Attachment:

Radiology

Hospital:

Hammersmith 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: Miss Eno Umotong CID: 555400

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



	А	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
		-	Has the student met	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 Sean Warburton CID: 555142

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
			Has the student met	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 Charlotte Wood CID: 549296

Attachment:

Radiology

Hospital: Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	ollowing areas of professionalism:			
		 	Appearance	Commont				
		 	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 Sarah Rachael Young CID: 642002

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	A	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of professionalism:			
		l	Appearance	Commont				
			Reliability and attendance					
			Respect for patient					
			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: Miss Jade Chen Zhao CID: 549882

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	ollowing areas of professionalism:			
		 	Appearance	Commont				
		 	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:	