Year 5 Radiology Assessment Form

Student Name: Miss Murooj Abdi CID: 510093

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 collea	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 Rachael Aldersley CID: 554469

Attachment:

Radiology

Hospital:

Hammersmith Hospital

Date:



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	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 Krishna Bakhai **CID:** 511996

Attachment:

Radiology Hospital:

Northwick Park Hospital Date: 10 December 2012 to 14 December 2012



	A	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 Hannah Eleanor Barrett CID: 553943

Attachment:

Radiology

Hospital:

St Mary's 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 collea	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 Khalil Begg **CID:** 513347

Attachment: Hospital:

Radiology

St Mary's Hospital

Date:



	Α	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism	t the requirements for the fo	llowing areas of professionalism			
			Appearance	Has the student met the requirements for the following areas of professionalism: Comment:				
			Reliability and attendance					
			Respect for patien	Respect for patients				
			Working with colle	eagues				

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 Beverly CID: 549893

Attachment:
Hospital:
Radiology
St Mary's Hospital

Date: 10 December 2012 to 14 December 2012



	А	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					
			- Totaling and attornation					
			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 Aliya Bryce **CID:** 635875

Attachment: Hospital:

Radiology

Charing Cross Hospital

Date:



	A	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism	the requirements for the fo	Howing arose of professionalism:			
			Appearance	Has the student met the requirements for the following areas of professionalism: Comment:				
			Reliability and attendance					
			Respect for patien	Respect for patients				
			Working with colle	eagues				

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 Chamandeep Chahal **CID:** 551731

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				
			Rospect for patient				
ı			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 Simon John Cole CID: 548864

Attachment:
Hospital:
Radiology
St Mary's Hospital

Date: 10 December 2012 to 14 December 2012



	_			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 James Alexander Cooper CID: 509474

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	eagues			

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 Ryan Cullinger CID: 597407

Attachment:

Radiology

Hospital:

St Mary's Hospital

Date:



	Α	CTIVIT	Y	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student me	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance	Commont				
			Reliability and attendance					
			Respect for patients					
			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: Mr Sandeep Singh Dubb CID: 553712

Attachment:

Radiology

Hospital:

Central Middlesex Hospital

Date:



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	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 Karin Linnea Ek CID: 646100

Attachment:

Radiology

Hospital:

Central Middlesex 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			
			1			
			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 Sonja Shun Ya Foo CID: 549098

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			
			1			
			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				
Borderline		Signature:	Date:	
Below Expectations				Date: