

**Student Name:** Miss Murooj Abdi  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 10 December 2012 to 14 December 2012

**CID:** 510093



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
			Comment:

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations		Consultant Name:   Signature: _____ Date: _____	Student Signature   Date: _____
Meets Expectations			
Borderline			
Below Expectations			

**Year 5 Radiology Assessment Form**

**Student Name:** Miss Rachael Aldersley **CID:** 554469  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 10 December 2012 to 14 December 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

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:		Student Signature
		Signature: <span style="float: right;">Date:</span>		
				Date:



**Student Name:** Miss Hannah Eleanor Barrett **CID:** 553943  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 10 December 2012 to 14 December 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

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: _____	Date: _____
Below Expectations	<input type="checkbox"/>		





## Year 5 Radiology Assessment Form

**Student Name:** Miss Aliya Bryce **CID:** 635875  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 10 December 2012 to 14 December 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

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:** Mr Chamandeep Chahal  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 10 December 2012 to 14 December 2012

**CID:** 551731



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
			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			
Below Expectations			
		Signature:	Date:
		Date:	



**Student Name:** Mr Simon John Cole  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 10 December 2012 to 14 December 2012

CID: 548864



ACTIVITY			DATE	STAFF SIGNATURE
<b>Yes</b>	<b>Borderline</b>	<b>No</b>	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> Comment: <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>	

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: _____		
Borderline	<input type="checkbox"/>			
Below Expectations	<input type="checkbox"/>			





**Student Name:** Mr Sandeep Singh Dubb **CID:** 553712  
**Attachment:** Radiology  
**Hospital:** Central Middlesex Hospital  
**Date:** 10 December 2012 to 14 December 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

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:** 10 December 2012 to 14 December 2012



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	<b>Professionalism</b> Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> <span style="float: right;">Comment:</span> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations	<input type="checkbox"/>	Consultant Name:  <hr/> Signature: <span style="float: right;">Date:</span>	Student Signature
Meets Expectations	<input type="checkbox"/>		Date:
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

