

Student Name: Mr. James Gilbert
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 10 December 2012 to 14 December 2012

CID: 700969



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			
Below Expectations			
		Signature:	Date:
			Date:

Student Name: Miss Karishma Gokani **CID:** 551588
Attachment: Radiology
Hospital: Charing Cross 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: 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"/>		
Borderline	<input type="checkbox"/>	Signature: _____ Date: _____	Date:
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Shama Hamal
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 10 December 2012 to 14 December 2012

CID: 551608



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: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations		
Borderline		
Below Expectations		

Year 5 Radiology Assessment Form

Student Name: Miss Georgina Hart
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 10 December 2012 to 14 December 2012

CID: 554010



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

Student Name: Mr Mahfooz Hasan **CID:** 551154
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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"/>		
Borderline	<input type="checkbox"/>	Signature:	
Below Expectations	<input type="checkbox"/>	Date:	
		Date:	Date:

Year 5 Radiology Assessment Form

Student Name: Miss Jasmin Jessica Hodgson
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 10 December 2012 to 14 December 2012

CID: 549628



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			
Borderline		Signature:	
Below Expectations		Date:	
			Date:

Student Name: Mr Annas Hussein **CID:** 550644
Attachment: Radiology
Hospital: Charing Cross 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: 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: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Sina Iqbal
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 10 December 2012 to 14 December 2012

CID: 552553



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

