Year 5 Radiology Assessment Form

Student Name: Mr. James Gilbert CID: 700969

Attachment: Radiology

Hospital:
Chelsea and Westminster Hospital
10 December 2012 to 14 December 2012



	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					
			Rospect for patient					
ſ			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 Karishma Gokani CID: 551588

Attachment:

Hospital:

Radiology

Date:

Charing Cross Hospital
10 December 2012 to 14 December 2012



	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	Commant:				
			Reliability and attendance					
			Respect for patients					
			Trespect for patient	ເວ				
			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: Miss Shama Hamal CID: 551608

Attachment: Radiology

Hospital:
Chelsea and Westminster Hospital
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					
			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 Georgina Hart CID: 554010

Attachment: Radiology

Hospital:
Chelsea and Westminster Hospital
10 December 2012 to 14 December 2012



	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					
			Rospect for patient					
ſ			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 Mahfooz Hasan CID: 551154

Attachment:

Radiology

Hospital: Date:

Chelsea and Westminster Hospital 10 December 2012 to 14 December 2012



	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 Jasmin Jessica Hodgson CID: 549628

Attachment:

Radiology

Hospital: Date:

Chelsea and Westminster Hospital 10 December 2012 to 14 December 2012



	A	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 Annas Hussein CID: 550644

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	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				

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 Sina Iqbal CID: 552553

Attachment:
Hospital:
Radiology
St Mary's Hospital

Date: 10 December 2012 to 14 December 2012



	Α	CTIVITY	,	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 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 Ali Majeed Jawad CID: 549477

Attachment:

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Hospital:

Radiology 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	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: Miss Florence Kudzai Kashora CID: 549392

Attachment:

Radiology

Hospital:

Northwick Park 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 Mavin Kashyap CID: 548686

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



				Ī			
	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 Sarah Louise Kennie CID: 553532

Attachment:

Radiology

Hospital: Date:

Chelsea and Westminster Hospital 10 December 2012 to 14 December 2012



	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 to patient	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 Emma King CID: 639140

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



4.0711/171/				DATE			
	A	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 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 Lakshmi Dharshana Kuhendran CID: 549349

Attachment:

Radiology

Hospital:

Hammersmith Hospital

Date:



ACTIVITY				DATE	STAFF SIGNATURE		
Yes	Has the student met the requirements for the following areas of professionalism:						
			Appearance Comment:				
			Reliability and attendance				
	Respect for patients						
	Working with colleagu						

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 Sophie Lane CID: 549985

Attachment:

Hospital:

Radiology Hammersmith Hospital

Date:

19 November 2012 to 23 November 2012



	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					
			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 Charlotte Elizabeth Lees CID: 548632

Attachment:

Radiology

Hospital:

Hammersmith Hospital

Date:

19 November 2012 to 23 November 2012



	A	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 patient				
			working with colle	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:	