# **Year 5 Radiology Assessment Form**

Student Name: Miss Dilshad Sachedina CID: 552766

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



	_			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				
			1.00poot for patient	<del></del>			
			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 Kushal Hitesh Shah CID: 549129

Attachment:

Hospital: Radiology

Date: Chelsea and Westminster Hospital
19 November 2012 to 23 November 2012



	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 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 Samee Siddiqui CID: 550339

Attachment: Radiology Chelega a

Chelsea and Westminster Hospital
19 November 2012 to 23 November 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: Mr Joshua Singleton CID: 555249

Attachment: Radiology Chalcon a

Date: Chelsea and Westminster Hospital
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					
			Nespection patient	. <del></del>				
			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 Laura Amy Sparks CID: 551686

Attachment:

Radiology

Hospital:

Charing Cross Hospital

Date:



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

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 Rachel Swain CID: 467196

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					
			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 Dawn Louise Thompson CID: 643249

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 Nicole van der Spuy CID: 509341

Attachment:

Radiology

Hospital:

Hammersmith 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: Mr Ted Joseph Pole Welman CID: 553189

Attachment:

Radiology

Hospital:

Northwick Park 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	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 Helen Wing Chi Wong CID: 512127

Attachment:

Radiology

Hospital:

Northwick Park Hospital

Date:



	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 Emma Yang CID: 509019

Attachment: Hospital:

Radiology

Date:

St Mary's 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					
			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 Zoe Alexandra Young CID: 644652

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: Mr Xu Zhu CID: 510664

Attachment: Radiology

Hospital: Northwick Park Hospital

Date: 19 November 2012 to 23 November 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		Consultant Name:		Student Signature			
Meets Expectations							
Borderline		Signature:	Date:				
Below Expectations				Date:			