

Student Name: Miss Dilshad Sachedina **CID:** 552766
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 19 November 2012 to 23 November 2012

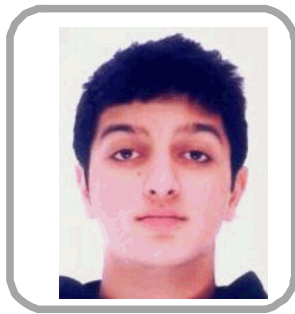


ACTIVITY	DATE	STAFF SIGNATURE

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	<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 Kushal Hitesh Shah **CID:** 549129
Attachment: Radiology
Hospital: Chelsea and Westminster 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 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"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		
		Signature:	Date:
			Date:

Year 5 Radiology Assessment Form

Student Name: Mr Samee Siddiqui **CID:** 550339
Attachment: Radiology
Hospital: Chelsea and Westminster 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	<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 Joshua Singleton **CID:** 555249
Attachment: Radiology
Hospital: Chelsea and Westminster 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			
Below Expectations			
		Signature:	Date:
		Date:	

Student Name: Miss Laura Amy Sparks
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 19 November 2012 to 23 November 2012

CID: 551686



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			

Student Name: Miss Rachel Swain **CID:** 467196
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	<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: Miss Dawn Louise Thompson
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 19 November 2012 to 23 November 2012

CID: 643249



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 Meets Expectations Borderline Below Expectations	<input type="checkbox"/>	Consultant Name:	Student Signature
	<input type="checkbox"/>	Signature:	
	<input type="checkbox"/>	Date:	Date:
	<input type="checkbox"/>		

Student Name: Miss Nicole van der Spuy **CID:** 509341
Attachment: Radiology
Hospital: Hammersmith 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 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: Signature: _____ Date: _____	Student Signature Date: _____
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

