

**Student Name:** Mr Amogh Acharya  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 549240



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			

**Student Name:** Mr Riaz Ali  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 552308



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

**Student Name:** Mr Nicholas Andreou **CID:** 507440  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 11 February 2013 to 15 February 2013



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

**Student Name:** Mr Sathyan Balaji  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 549426



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> <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.

Assessment Status	Consultant Name:	Student Signature
Above Expectations		
Meets Expectations		
Borderline	Signature: _____ Date: _____	
Below Expectations		

**Student Name:** Mr Richard Barlow  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 21 January 2013 to 25 January 2013

**CID:** 551150



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		Signature: _____ Date: _____	
Below Expectations		Date: _____	

## Year 5 Radiology Assessment Form

**Student Name:** Miss Paige Barrows **CID:** 642038  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 11 February 2013 to 15 February 2013



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"/>	<b>Consultant Name:</b>	<b>Student Signature</b>
Meets Expectations	<input type="checkbox"/>	<b>Signature:</b> <span style="float: right;"><b>Date:</b></span>	<b>Date:</b>
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

**Student Name:** Miss Hetvi Chaitanya Bhatt  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 548639



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	<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 Tom Burgess **CID:** 552606  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 11 February 2013 to 15 February 2013



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> <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>
			Comment:  

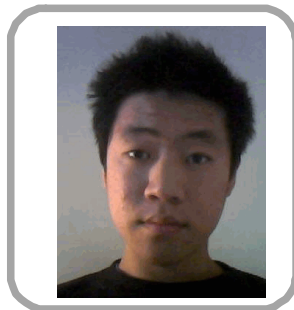
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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



**Student Name:** Mr Hyoung-Jin Cho  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 550645



ACTIVITY	DATE	STAFF SIGNATURE

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

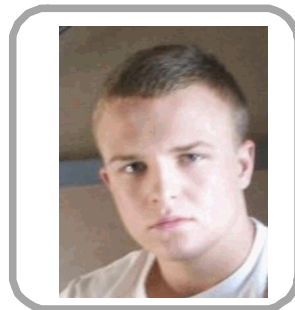
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.			
Above Expectations	<input type="checkbox"/>	Consultant Name: _____	Student Signature
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>	Signature: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





**Student Name:** Mr Rory Cuthbert  
**Attachment:** Radiology  
**Hospital:** Central Middlesex Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 549108



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	<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 Abbas Merali Dewji  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 549223



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

**Student Name:** Miss Payal Mukul Dube **CID:** 707047  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 11 February 2013 to 15 February 2013



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

**Student Name:** Mr Ali Eker Moustafa  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 555839



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

# Year 5 Radiology Assessment Form

**Student Name:** Mr Michael Anthony Foster **CID:** 508519  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 11 February 2013 to 15 February 2013



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> <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.			
<input type="checkbox"/>	<input type="checkbox"/>	Consultant Name:	Student Signature
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Signature:	Date:
<input type="checkbox"/>	<input type="checkbox"/>		Date:



# Year 5 Radiology Assessment Form

**Student Name:** Miss Kristen Foxwell  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 502439



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		