

**Student Name:** Mr Jasdeep Singh Gill  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 550333



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.				
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"/>			
				Date:





## Year 5 Radiology Assessment Form

**Student Name:** Miss Neda Hasan **CID:** 551609  
**Attachment:** Radiology  
**Hospital:** Hammersmith 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"/>	Signature: _____ Date: _____	Date: _____
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		





## Year 5 Radiology Assessment Form

**Student Name:** Ms. Ruhella Hossain  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 592997



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

**Student Name:** Mr Michael Erian Ibrahim  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 February 2013 to 15 February 2013

**CID:** 426451



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 Christopher Jones  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 552529



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> Comment: <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   Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

**Student Name:** Mr Nakul Kapoor  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 February 2013 to 15 February 2013

CID: 507858



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

**Student Name:** Miss Faraa Karim  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 21 January 2013 to 25 January 2013

**CID:** 549418



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	Professionalism
			Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> Comment:
			<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:  Signature: _____ Date: _____	Student Signature _____  Date: _____
Meets Expectations	<input type="checkbox"/>		
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		



**Student Name:** Mr Thanighan Kirupananthan  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 21 January 2013 to 25 January 2013

**CID:** 549049



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

**Student Name:** Mr Navraj Singh Kular  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 21 January 2013 to 25 January 2013

CID: 553184



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: _____

**Student Name:** Miss Christina Lees **CID:** 511520  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 21 January 2013 to 25 January 2013



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			
Below Expectations			
		Signature:	Date:
		Date:	

**Student Name:** Miss Ines Oktavia Lolosidi  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 21 January 2013 to 25 January 2013

**CID:** 639182



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