

Student Name:	Miss Vinothini Manivasagam	CID: 707079
Attachment:	Radiology	
Hospital:	St Mary's Hospital	
Date:	21 January 2013 to 25 January 2013	



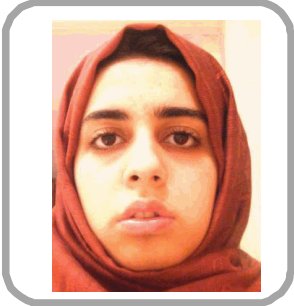
ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 			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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	Consultant Name: <hr/> Signature: _____ Date: _____	Student Signature <hr/> Date: _____

Year 5 Radiology Assessment Form

Student Name:	Miss Soudeh Mashayekhi	CID: 513445
Attachment:	Radiology	
Hospital:	Charing Cross 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: 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 Date:
Meets Expectations	<input type="checkbox"/>	Signature: _____ Date: _____	
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

Student Name: Miss Sara Mehr
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 21 January 2013 to 25 January 2013

CID: 514036



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

Student Name: Mr. Foad Mohamed
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 21 January 2013 to 25 January 2013

CID: 513357



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:	Student Signature
Meets Expectations			
Borderline		Signature: _____ Date: _____	
Below Expectations			
			Date: _____

Year 5 Radiology Assessment Form

Student Name: Mr Malik Moledina
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 February 2013 to 15 February 2013

CID: 554104



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 Seethalakshmi Muthalagappan
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 21 January 2013 to 25 January 2013

CID: 549873



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:

Student Name: Mr Uzoma Nnajiuba
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 21 January 2013 to 25 January 2013

CID: 548735



ACTIVITY	DATE	STAFF SIGNATURE

Yes	Borderline	No	<p>Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues</p> <p style="text-align: right;">Comment:</p>

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		Signature:		Date:
Borderline				
Below Expectations				

Student Name: Miss Aislinn O'Malley
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 21 January 2013 to 25 January 2013

CID: 552929



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 Alice Victoria Emily Page
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 21 January 2013 to 25 January 2013

CID: 555372



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"/>		
	<input type="checkbox"/>		

Student Name: Miss Priyadarshini Paul
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 21 January 2013 to 25 January 2013

CID: 508928



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

Student Name: Mr Frederick Pimm
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 21 January 2013 to 25 January 2013

CID: 552987



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:

