

Student Name: Miss Nikita Shah
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 21 January 2013 to 25 January 2013

CID: 551161



| ACTIVITY | DATE | STAFF SIGNATURE |
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| Yes | Borderline | No | Professionalism |
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| | | | Has the student met the requirements for the following areas of professionalism: Appearance Comment: _____ Reliability and attendance Respect for patients Working with colleagues |
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Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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| 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 Naveen Sidhu **CID:** 552592
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 21 January 2013 to 25 January 2013



| ACTIVITY | DATE | STAFF SIGNATURE |
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| 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 |
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Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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| Above Expectations | | Consultant Name: | Student Signature |
| Meets Expectations | | Signature: | |
| Borderline | | Date: | |
| Below Expectations | | Date: | |

Year 5 Radiology Assessment Form

Student Name: Mr. Kishan Tailor
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 21 January 2013 to 25 January 2013

CID: 549805



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

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| 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 | | | |

Student Name: Miss Alison Toczek **CID:** 510880
Attachment: Radiology
Hospital: Northwick Park Hospital
Date: 21 January 2013 to 25 January 2013



| ACTIVITY | DATE | STAFF SIGNATURE |
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| 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: |
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Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Student Name: Miss Kani Varshneya
Attachment: Radiology
Hospital: Northwick Park Hospital
Date: 21 January 2013 to 25 January 2013

CID: 553212



| ACTIVITY | DATE | STAFF SIGNATURE |
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| 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 |
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| | | | Comment: |
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Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Student Name: Miss Laura Wilkinson
Attachment: Radiology
Hospital: Northwick Park Hospital
Date: 21 January 2013 to 25 January 2013

CID: 508426



| ACTIVITY | DATE | STAFF SIGNATURE |
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| 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: |
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Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Year 5 Radiology Assessment Form

Student Name: Mr. Alexander Ci Yao **CID:** 554761
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 21 January 2013 to 25 January 2013



| ACTIVITY | DATE | STAFF SIGNATURE |
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| 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 |
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| 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 | | | |
| | | Date: | |