## **Year 5 Radiology Assessment Form**

Student Name: Mr Vasileios Acheimastos CID: 552700

Attachment:

Radiology

Hospital: Date:

Hammersmith Hospital 8 April 2013 to 12 April 2013



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
			Has the student met	Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			]	<u> </u>				

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 Shahjahan Ali CID: 552179

Attachment:

Radiology

Hospital: Date:

Hammersmith Hospital 8 April 2013 to 12 April 2013



	А	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of professionalism:			
			Appearance	Commont				
			Reliability and attendance					
			Respect for patient					
Į l		  -	Working with colle	agues				

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. James Jonathan Arthur CID: 642604

Attachment:

Radiology

Hospital: Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
			Has the student met	Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			]	<u> </u>				

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 Neha Bansal CID: 549978

Attachment:

Radiology

Hospital: Date:



	A	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism  Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patient	Respect for patients				
			Working with colle	agues				

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 Ruby Blevings CID: 548468
Attachment:

Hospital: Radiology
St Mary's Hospital

**Date:** 8 April 2013 to 12 April 2013



	А	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
			Has the student met	Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					

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: Ms. Esther Ern-Hwei Chan CID: 552410

Attachment:

Radiology

Hospital: Date:



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism					
			Has the student met	Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			]	<u> </u>				

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 LiYan Chow CID: 551644

Attachment: Hospital:

Radiology

Date:



	А	CTIVITY		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 colle	agues			

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 Edward James Hamilton Collier **CID:** 548665

Attachment:

Radiology

Hospital:

St Mary's Hospital

Date:

8 April 2013 to 12 April 2013



		CTIVITY		DATE	STAFF SIGNATURE			
		CIIVIII		DAIL	STALL SIGNALUNE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			<u> </u>					

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 Dominic Cottrell CID: 552367

Attachment:

Radiology

Hospital:

St Mary's Hospital

Date:

8 April 2013 to 12 April 2013



	А	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	llowing areas of professionalism:			
			Appearance	Commonst				
			Reliability and attendance					
			Respect for patients					
Į l		  -	Working with colle	agues				

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 Sahil Nishit Dadia CID: 549909
Attachment:

Hospital: Radiology
St Mary's Hospital

**Date:** 8 April 2013 to 12 April 2013



	A	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			working with colle	ayues				

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 Prathiba Madhubasha De Silva CID: 554763

Attachment:

Radiology

Hospital: Date:

Central Middlesex Hospital 8 April 2013 to 12 April 2013



	Α	CTIVITY	•	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle	agues				

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 Teesta Dey CID: 549687

Attachment:

Radiology

Hospital: Date:

Central Middlesex Hospital 8 April 2013 to 12 April 2013



	A	CTIVITY	•	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 colle				
			Working with colle	agues			

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 Thomas Durrands CID: 550359

Attachment:

Radiology

Hospital: Date:

Hammersmith Hospital 8 April 2013 to 12 April 2013



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				
			1				
			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		Signature:	Date:		
Below Expectations				Date:	

# **Year 5 Radiology Assessment Form**

Student Name: Mr. Terry John Evans CID: 598076

Attachment:

Radiology

Hospital:

St Mary's Hospital

Date:

11 March 2013 to 15 March 2013



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						
	Tronking with concugues					

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 Nour El Halim Fourali CID: 510102

Attachment:

Radiology

Hospital: Date:

Chelsea and Westminster Hospital 8 April 2013 to 12 April 2013



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				
			1				
			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		Signature:	Date:		
Below Expectations				Date:	