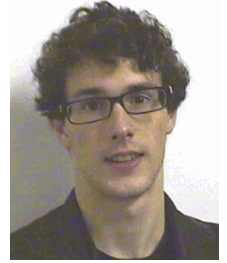


Year 5 Radiology Assessment Form

Student Name: Mr Ewan MacKay
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 11 March 2013 to 15 March 2013

CID: 555077



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			

Year 5 Radiology Assessment Form

Student Name: Miss Jasmine Kaur Mann
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 March 2013 to 15 March 2013

CID: 554519



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			

Year 5 Radiology Assessment Form

Student Name: Mr Edward Middleton
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 8 April 2013 to 12 April 2013

CID: 553792



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

Year 5 Radiology Assessment Form

Student Name: Miss Zahira Sultan Mohamed
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 March 2013 to 15 March 2013

CID: 549332



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			

Year 5 Radiology Assessment Form

Student Name: Mr. Anas Nader
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 11 March 2013 to 15 March 2013

CID: 598984

[illegible]

Yes	Borderline	No	Professionalism
			Has the student met the requirements for the following areas of professionalism: Comment:
			Appearance
			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		Consultant Name:	Student Signature
Meets Expectations		Signature: _____ Date: _____	
Borderline			
Below Expectations			

Year 5 Radiology Assessment Form

Student Name: Miss Christie Catherine Alice Noble
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 11 March 2013 to 15 March 2013

CID: 552566



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			

Year 5 Radiology Assessment Form

Student Name: Miss Folasade Onakoya
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 March 2013 to 15 March 2013

CID: 640762



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			

Year 5 Radiology Assessment Form

Student Name: Miss Aarti Patel
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 March 2013 to 15 March 2013

CID: 548970



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			

Year 5 Radiology Assessment Form

Student Name: Mr Miraj Patel
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 11 March 2013 to 15 March 2013

CID: 551836



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			

Year 5 Radiology Assessment Form

Student Name: Mr Jack Pearce
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 11 March 2013 to 15 March 2013

CID: 553637



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: Miss Joanna Danielle Poole
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 11 March 2013 to 15 March 2013

CID: 551663



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			

Year 5 Radiology Assessment Form

Student Name: Mr Moiz Tariq Qureshi
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 11 March 2013 to 15 March 2013

CID: 553598



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			

Year 5 Radiology Assessment Form

Student Name: Miss Mohana Ratnapalan
Attachment: Radiology
Hospital: Chelsea and Westminster Hospital
Date: 11 March 2013 to 15 March 2013

CID: 643965



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		Signature: _____ Date: _____	Date: _____
Borderline			
Below Expectations			

Year 5 Radiology Assessment Form

Student Name: Mr William Roffey
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 11 March 2013 to 15 March 2013

CID: 555076



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			