







**Student Name:** Miss Sonali Shah **CID:** 549746  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster 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: <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		Signature: _____	Date: _____
Borderline			
Below Expectations			Date:

## Year 5 Radiology Assessment Form

**Student Name:** Mr Andrew Darby Smith  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 11 March 2013 to 15 March 2013

**CID:** 548895



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: <span style="float: right;">Date:</span>	Date:
Borderline	<input type="checkbox"/>		
Below Expectations	<input type="checkbox"/>		

**Student Name:** Mr Jack Stewart  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 11 March 2013 to 15 March 2013

**CID:** 511077



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

**Year 5 Radiology Assessment Form**

**Student Name:** Miss Meron Fessahaye Tesfom  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 11 March 2013 to 15 March 2013

**CID:** 567314



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

**Student Name:** Mr. David Townsend  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 March 2013 to 15 March 2013

**CID:** 644325



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



**Student Name:** Miss Bhakti Visani  
**Attachment:** Radiology  
**Hospital:** Hammersmith Hospital  
**Date:** 8 April 2013 to 12 April 2013

**CID:** 549419



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		Signature:	
Borderline			
Below Expectations		Date:	

## Year 5 Radiology Assessment Form

**Student Name:** Mr Joshua Ben Wolrich  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 March 2013 to 15 March 2013

CID: 555764



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 Mariam Zahedi  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 11 March 2013 to 15 March 2013

**CID:** 554959



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:	