





**Student Name:** Mr David Atefi **CID:** 548762  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 27 May 2013 to 31 May 2013



ACTIVITY	DATE	STAFF SIGNATURE

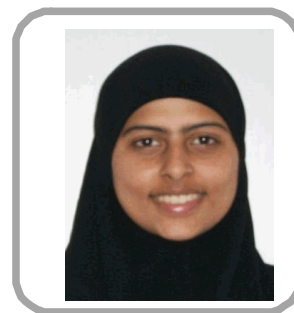
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: <b>Appearance</b> Comment: <b>Reliability and attendance</b> <b>Respect for patients</b> <b>Working with colleagues</b>

Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

**Student Name:** Miss Najah Baqai  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 27 May 2013 to 31 May 2013

CID: 550430



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

**Student Name:** Miss Nikola Baty  
**Attachment:** Radiology  
**Hospital:** Northwick Park Hospital  
**Date:** 27 May 2013 to 31 May 2013

**CID:** 467343



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

# Year 5 Radiology Assessment Form

**Student Name:** Miss Sophie Boyd  
**Attachment:** Radiology  
**Hospital:** Central Middlesex Hospital  
**Date:** 27 May 2013 to 31 May 2013

**CID:** 638619



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



# Year 5 Radiology Assessment Form

**Student Name:** Mr Huan Chien Chan  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 27 May 2013 to 31 May 2013

CID: 550307



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:	



## Year 5 Radiology Assessment Form

**Student Name:** Miss Amani Aleem Chowdhury  
**Attachment:** Radiology  
**Hospital:** Central Middlesex Hospital  
**Date:** 27 May 2013 to 31 May 2013

**CID:** 553219



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

**Student Name:** Mr Michael James Colwill  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 27 May 2013 to 31 May 2013

**CID:** 506961



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

**Student Name:** Mr Karthik Darmasseelane  
**Attachment:** Radiology  
**Hospital:** St Mary's Hospital  
**Date:** 27 May 2013 to 31 May 2013

**CID:** 512352



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

**Student Name:** Mr Niall Durrant  
**Attachment:** Radiology  
**Hospital:** Charing Cross Hospital  
**Date:** 27 May 2013 to 31 May 2013

CID: 551940



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			
Below Expectations			
		Signature:	Date:
		Date:	

**Student Name:** Mr Jack Faulkner  
**Attachment:** Radiology  
**Hospital:** Chelsea and Westminster Hospital  
**Date:** 27 May 2013 to 31 May 2013

CID: 551842



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