Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Munraj Gill **CID:** 549026
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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Hannah Gould Brown **CID:** 452219
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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			
Borderline		Signature: Date:	
Below Expectations			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Christopher Graham **CID:** 552602
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Graham Hantman **CID:** 552702
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr. Nicholas Mark Edward Hayward **CID:** 635917
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Nader Henry **CID:** 549902
Attachment: Radiology
Hospital: Chelsea and Westminster 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: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
			Working with colleagues

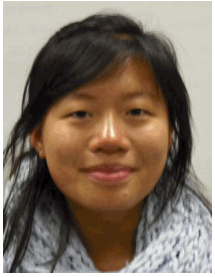
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Alexandra Carmen Ho **CID:** 509121
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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Ali Hosin **CID:** 551083
Attachment: Radiology
Hospital: Hammersmith 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Paramdeep Singh Jandu **CID:** 509371
Attachment: Radiology
Hospital: Hammersmith 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:
			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:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Zhaosheng Jims Jin **CID:** 549514
Attachment: Radiology
Hospital: Hammersmith 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:
			Appearance Comment:
			Reliability and attendance
			Respect for patients
			Working with colleagues

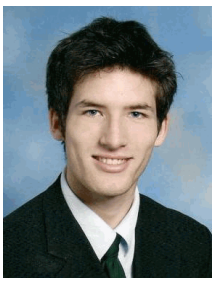
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Nathan Philip Jones **CID:** 548825
Attachment: Radiology
Hospital: Northwick Park 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Sarah Ho Jen Law **CID:** 551204
Attachment: Radiology
Hospital: Chelsea and Westminster 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Rebecca Aroha Le Vay **CID:** 551430
Attachment: Radiology
Hospital: Northwick Park 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: 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			Date:

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Miss Huanghuan Li **CID:** 553472
Attachment: Radiology
Hospital: St Mary's 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: Comment:
			Appearance
			Reliability and attendance
			Respect for patients
			Working with colleagues

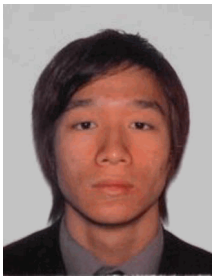
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Imperial College London

Year 5 Radiology Assessment Form

Student Name: Mr Wing-Kin Liu **CID:** 548594
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 6 May 2013 to 10 May 2013



ACTIVITY	DATE	STAFF SIGNATURE

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			Date: