

Student Name: Mr Gregory Manning
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 6 May 2013 to 10 May 2013

CID: 555903



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

Student Name: Mr Timothy James Marshall
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 6 May 2013 to 10 May 2013

CID: 552501



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

Student Name: Miss Eve-Elizabeth McDermott
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 6 May 2013 to 10 May 2013

CID: 551652



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	<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 Sami Michaels
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 467124



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

Student Name: Mr Kush Naker
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 552250



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

Year 5 Radiology Assessment Form

Student Name: Mr William Ocen
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 509711



ACTIVITY	DATE	STAFF SIGNATURE

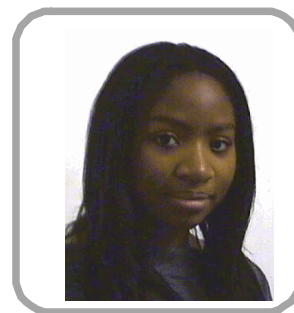
Yes	Borderline	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Comment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reliability and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

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

Student Name: Miss Chinenye Doris Oparah
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 6 May 2013 to 10 May 2013

CID: 553945



ACTIVITY	DATE	STAFF SIGNATURE

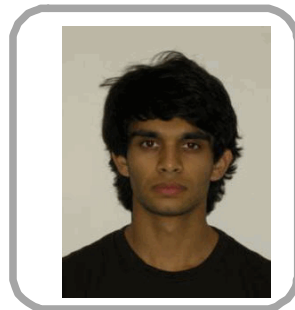
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism: Appearance Reliability and attendance Respect for patients Working with colleagues
			Comment:

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

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

Student Name: Mr Amish Patel
Attachment: Radiology
Hospital: Charing Cross Hospital
Date: 6 May 2013 to 10 May 2013

CID: 552282



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

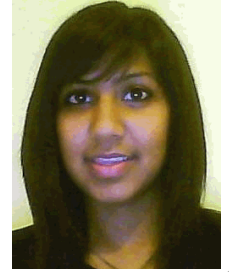
Please indicate if the student has completed all relevant in-course assessments and satisfactorily passed the attachment.

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

Year 5 Radiology Assessment Form

Student Name: Miss Nisha Patel
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 549627



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

Student Name: Mr Steven Peebles
Attachment: Radiology
Hospital: Central Middlesex Hospital
Date: 6 May 2013 to 10 May 2013

CID: 551742



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

Student Name: Mr Karan Prakash
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 513715



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

Student Name: Miss Chandni Radia
Attachment: Radiology
Hospital: St Mary's Hospital
Date: 6 May 2013 to 10 May 2013

CID: 511903



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

Year 5 Radiology Assessment Form

Student Name: Miss Suzanne Catherine Rayner

CID: 511261

Attachment:

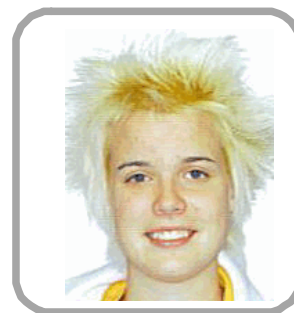
Radiology

Hospital:

Central Middlesex 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: 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			
Below Expectations			
		Signature:	Date:
		Date:	

Year 5 Radiology Assessment Form

Student Name: Miss Frances Rose
Attachment: Radiology
Hospital: Hammersmith Hospital
Date: 6 May 2013 to 10 May 2013

CID: 549341



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			
Below Expectations			
		Signature:	Date:
			Date: