# **Year 5 Radiology Assessment Form**

Student Name: Mr Markus Ludwig Sagmeister CID: 553128

Attachment:

Radiology

Hospital: Date:



	А	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
				Working with colleagues				
			Tronking with cone					

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:	

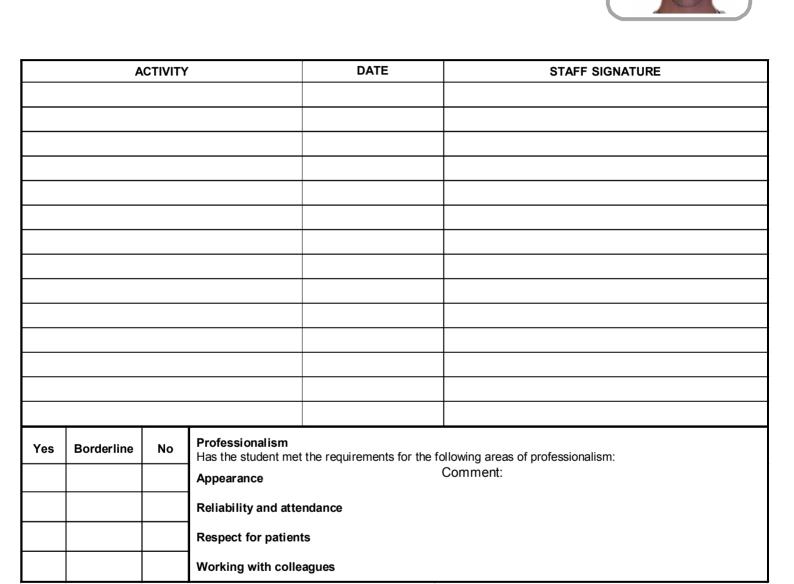
# **Year 5 Radiology Assessment Form**

Student Name: Mr Alan Salih CID: 551988

Attachment: Radiology Hospital:

Date: Charing Cross Hospital 6 May 2013 to 10 May 2013





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: Mr Mantej Singh Sehmbhi CID: 551712

Attachment:

Radiology

Hospital: Date:



1							
	Α	CTIVITY		DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:				
			Reliability and attendance				
			Nospect for patient	Respect for patients			
			Working with colle	agues			

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:	

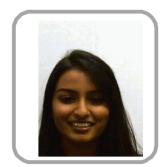
# **Year 5 Radiology Assessment Form**

Student Name: Miss Aarohi Shah CID: 553371

Attachment:

Radiology

Hospital: Date:



	A	CTIVITY	,	DATE	STAFF SIGNATURE	
Yes	Borderline	No	Professionalism Has the student met	the requirements for the fo	ollowing areas of professionalism:	
			Appearance Comment:			
			Reliability and attendance			
		ļ	Respect for patient	15		
		 	Working with colle	agues		

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: Mr. Mohammad Shahzad CID: 642196

Attachment: Hospital:

Radiology

Date:



			,	DATE			
	A	CTIVITY		DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:			
			Appearance Comment:				
			Reliability and attendance				
			Respect for patients				
			Working with colle	agues			

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 Buddhi Maneesha Silva CID: 548457

Attachment:

Radiology

Hospital: Date:



				,				
	Α	CTIVITY		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 colle	agues				

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: Mr Joseph Andrew Simmonds CID: 509520

Attachment:

Radiology

Hospital: Date:

Charing Cross Hospital 6 May 2013 to 10 May 2013



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

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: Mr Jonathan Simon CID: 552515

Attachment: Hospital:

Radiology

Date:

Hammersmith Hospital 6 May 2013 to 10 May 2013



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:				
			Appearance Comment:					
			Reliability and attendance					
			Respect for patients					
			Working with colle					
			TTO/King With Colle	ugu00				

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 Emma Stimson CID: 548589
Attachment:

Hospital: Radiology

Date: Hammersmith Hospital 6 May 2013 to 10 May 2013



	Α	CTIVITY		DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism	the requirements for the fa	llouing group of professionalisms			
				Has the student met the requirements for the following areas of professionalism:  Comment:				
			Appearance					
			Reliability and attendance					
			Respect for patients					
			Working with colle	agues				

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: Mr Danny Sudbury CID: 548914
Attachment:

Hospital: Radiology

Northwick Park Hospital 6 May 2013 to 10 May 2013



	A	CTIVITY	,	DATE	STAFF SIGNATURE			
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:  Appearance  Comment:				
			Appearance					
			Reliability and attendance Respect for patients					
			Working with colle	agues				

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: Mr Dev Hitesh Thakker CID: 508014

Attachment:

Radiology

Hospital: Date:

Northwick Park Hospital 6 May 2013 to 10 May 2013



	Α	CTIVITY	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 Soo Young Yoon CID: 553338

Attachment:

Radiology

Hospital: Date:



1							
	Α	CTIVITY		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				
			Nospect for patient				
			Working with colle	agues			

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 Juliet Cristina Maria Zani CID: 707088

Attachment:

Radiology

Hospital: Date:

Northwick Park Hospital 6 May 2013 to 10 May 2013



	Α	CTIVITY	,	DATE	STAFF SIGNATURE		
Yes	Borderline	No	Professionalism Has the student met	Professionalism Has the student met the requirements for the following areas of professionalism:			
			Appearance Comment:				
			Reliability and attendance				
			Respect for patients				
			Working with colle	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: