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| **ACCEA FORM A (Application Form) 2017 Round**  **LOCAL CLINICAL EXCELLENCE AWARDS SCHEME – APPLICATION FORM** |

**It is the consultant’s responsibility to ensure that this form is fully completed – all boxes to be completed**

**Part 1 to be completed by the applicant**

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| Surname: | | Forename: | | Professional Title: | Application type:  Choose an item. | Level applying for:  Choose an item. |
| Employer(s) name(s) with number of sessions per employer  (Lead NHS employer first)    Current Workbase/Region:  Choose an item. | | List of consultant appointments in date order | | | Accredited Specialties (main first)  1) Choose an item.  2) Choose an item.  3) Choose an item. | |
| Year appointed to the consultant grade | |
| Primary Medical Qualification (Date and Institution)    Subsequent Qualifications  (Date and Institution) | |
| Current level  Choose an item.  Year awarded | |
| Ethnic origin  Choose an item. | | Preferred address for correspondence | |
| GMC/GDC Reg No. | Work tel (Direct Line) | | Email | |

**You cannot fill this form out without using the Guide to the Scheme, to which you must adhere strictly**

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| **PERSONAL STATEMENT**  **Give up to four examples that summarise your achievements. These should be since your last award. (Box limited to 1350 characters).** |
| **JOB PLAN**  **List agreed programmed or other activities relevant to the NHS. The Plan should itemise the number of remunerated direct clinical care PAs, the number of remunerated supporting PAs (SPAs), the number of other remunerated sessions / PAs for activities described in this application with a description of what these are, and also list unremunerated activities. (Box limited to 1350 characters).** |

**Domains**

If you are applying for levels 1-9 you can include additional information for Domain 3 **OR** Domain 4 **OR** Domain 5.

**Please provide additional information for one domain only.**

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| **DOMAIN 1: DELIVERING A HIGH QUALITY SERVICE (see Guide) (Box limited to 1350 characters).** |

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| **DOMAIN 2: DEVELOPING A HIGH QUALITY SERVICE (see Guide) (Box limited to 1350 characters)** |

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| **DOMAIN 3: MANAGING AND LEADING A HIGH QUALITY SERVICE (see Guide) (Box limited to 1350 characters)**  If a candidate at any national level completes form F to illustrate their leadership and management achievement it is not necessary to fill in domain 3; simply enter “see form F”. |

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| **DOMAIN 4: CONTRIBUTING TO THE NHS THROUGH RESEARCH AND INNOVATION (see Guide) (Box limited to 1350 characters)**  If a candidate at any national level completes form D to illustrate their research achievement it is not necessary to fill in domain 4; simply enter “see form D”. |

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| **Within the last 5 years, indicate how many publications you have had, how many of these were in peer reviewed journals and list the 3 most important ones. No other text is allowed. (Text limit 1350 characters)** |

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| **DOMAIN 5: CONTRIBUTING TO THE NHS THROUGH TEACHING AND TRAINING (see Guide)**  **(Box limited to 1350 characters)**  If a candidate at any national level completes form E to illustrate their teaching and training achievement it is not necessary to fill in domain 5; simply enter “see form E”. | |
| **Verification of Completion**  ***I declare that to the information I have given is complete and true to the best of my knowledge. I accept that if the information I have given is inaccurate, disciplinary and/or legal action may be taken against me.***  ***I can also confirm that my line manager has agreed to my application, followed by a signed declaration.*** | |
| **Full Name**  **Signature :** | Click here to enter text.  **(The applicant needs to print a hard copy, which needs to be signed and retained.)** |

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| **Assessment by domain**  **(To be completed or approved by your CE/Line Manager)** | | | | |
| For each of the domains please indicate your assessment of the candidate in terms of contribution to work **for the primary employer and the wider environment of health care locally, eg in the SHA or Deanery**. You are not asked to judge national or international contributions, for which ACCEA will receive advice separately.  X No contribution in this domain  U Has not delivered contractual obligations at a level expected  C Delivers contractual expectations at a level expected  P Some aspects of delivery have been clearly over and above expectations  E Outstanding delivery of service | | | | |
| **Domains** | | | | | |
| 1. Choose an item. | 1. Choose an item. | 1. Choose an item. | 1. Choose an item. | 1. Choose an item. | |
| Please give your reasons if you have marked any domain U, P or E  (box limited to 500 characters) | | | | | |

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| GIVE YOUR ASSESSMENT OF THE CANDIDATE OVERALL FOR THIS LEVEL OF AWARD  (Please give your reasons for your assessment – box limited to 500 characters) | | | Choose an item. |
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| a) Is the consultant to the best of your knowledge working to the standards of professional and personal conduct required by the GMC and/or the GDC? | | | Choose an item. | |
| Has the consultant during the last 12 months  b) had a formal appraisal  c) agreed his/her job plan  d) fulfilled his/her contractual obligations  e) complied with the private practice code of conduct? | | | Choose an item.  Choose an item.  Choose an item.  Choose an item. | |
| f) Are you aware of any actual or potential disciplinary or professional proceedings inside or outside the Trust? | | | Choose an item. | |
| If the answer to (a-e) is No or the answer to (f) is Yes, further details must be supplied.  (Box limited to about 500 characters) | | | | |
| Name of person completing this form: | | | | |
| Position Held: | | | | |
| I, as Chief Executive/Line Manager, certify that the contents of Part 2 are accurate. The comments represent the considered opinion of the employer. | | | | |
| Chief Executive/Line Manager Name:  Direct Line tel:  Direct email address: | | Date: | | |
| Chief Executive of:       (Organisation)  Or  Line Manager of:       (Applicant’s name) | | | | |
| Signed by Chief  Executive/Line Manager | ***I declare that the information I have given is complete and true to the best of my knowledge. I accept that if the information I have given is inaccurate, disciplinary and/or legal action may be taken against me.***  ***Please sign personally and date the copy which the candidate will retain.*** | | | |

**All completed applications are to be returned to cea@phe.gov.uk by the applicant, copying their Line Manager/s or Chief Executive to that email.**