This form is not necessary for EBA. Only use this form if you have more than two main employers.

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| **ACCEA FORM B 2017**  **CLINICAL EXCELLENCE AWARDS SCHEME - CITATION**  **PLEASE USE THIS FORM FOR LOCAL APPLICATIONS ONLY** |

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| --- | --- |
| **CONSULTANT’S SURNAME** | **CONSULTANT’S FORENAME** |
| **SPECIALTY** | **EMPLOYER** |
| **LEVEL OF AWARD APPLYING FOR** | **NAME OF NOMINATING BODY** |
| **Citation (limited to 1350 characters including spaces)** | |

|  |  |  |
| --- | --- | --- |
| **Person completing this form:**  **Signature**  ***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.*** | | |
| **Name:**  **Email address:** | **Post Held:**  **Contact Number:** | **Date:** |

|  |  |  |
| --- | --- | --- |
| **Designated Nominating Officer of Organisation: Signature** | | |
| **Name:** | **Post Held:** | **Date:** |

**All completed “Application” and “Assessment by Domain” forms are to be returned to the applicant so that they could directly return their documents to** [**CEA@phe.gov.uk**](mailto:CEA@phe.gov.uk) **copying their Line Manager/s or Chief Executives to that email.**