**NATIONAL CLINICAL EXCELLENCE AWARD APPLICATION FORM 2021 COMPETITION**

**Please read the** [**Guide for Applicants**](https://www.gov.uk/government/publications/clinical-excellence-awards-2014-application-forms) **before completing**

**APPLICANT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **Forename** | **Professional Title**Select | **Application type**Select | **Level applying for**Select |
| **Employer(s) name(s) with number of sessions per employer**(Lead NHS employer first) | **List of consultant appointments in date order** | **Accredited Specialties** (main first) |
| **Year appointed to the consultant grade** |
| **Primary Medical Qualification** (Date and Institution)**Subsequent Qualifications**(Date and Institution) |
| **Current award level**Select**Year awarded**Select |
| **Are you fully registered with the GMC and/or GDC with a licence to practise?** |
| **GMC/GDC Reg No.** | **Telephone** | **Email** | Yes[ ]  No[ ]  |

|  |
| --- |
| **PERSONAL STATEMENT****Give up to four examples that summarise your achievements. These should be since your last award. (1350 characters).** |

|  |
| --- |
| **Is your primary employer in England or Wales?** |
| Select |
| **Have you taken any part of your pension or Have you retired and returned to work?** | **If so, from what date?** |
| Yes[ ]  No[ ]  | Select |
| **Have you received a new national Clinical Excellence Award (including an award at the next tier up) in the 2018 or 2019 competitions?** |
| Yes[ ]  No[ ]  |
| **Was your most recent National Award withdrawn?** |
| Yes[ ]  No[ ]  |

**JOB PLAN**

|  |
| --- |
| **State the number of the following, as they appear in your job plan:** |
| **Direct clinical care Programmed Activities (PAs) for which you are paid:** | **Academic PAs:** | **Supporting Professional Activities (SPAs):** | **Planned PAs (excluding Additional PAs) you undertake for your employer(s):** |
| Select | Select | Select | Select |
| **Details of the activities for each of these paid PAs (750 characters):** |
| **Details of any other remunerated sessions or activities (500 characters):** |
| **Details of any other unremunerated sessions or activities (500 characters):** |
| **Within the last five years, have you received any additional income from any wider role (outside your job plan)?** |
| Yes[ ]  | No[ ]  |
| **Does any of this income relate to evidence provided in your application?** |
| Yes[ ]  | No[ ]  |
| **Details of these roles and payments and, if you answered yes, how they relate to your evidence (500 characters):** |

 **DOMAINS**

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

|  |
| --- |
|  |

**DOMAIN 2: DEVELOPING A HIGH QUALITY SERVICE (see Guide) (1350 characters)**

|  |
| --- |
|  |

**DOMAIN 3: MANAGING AND LEADING A HIGH QUALITY SERVICE (see Guide)** Summarise your contribution to leadership and management, including your achievements ‘over and above your role’ in: communication; quality improvement; and managing and developing people, the service and yourself, in the wider context of the NHS**. (2000 characters)**

|  |
| --- |
|  |

**DOMAIN 4: CONTRIBUTING TO THE NHS THROUGH RESEARCH AND INNOVATION (see Guide)** Summarise the relevance and impact of your work to the needs of the NHS, indicating collaborations. Highlight key grants obtained in the last five years for which you are the lead or co-applicant (please specify), indicating dates, granting body, amount and duration. Describe research leadership roles in research training and clinical trials, indicating what has been achieved. **(2000 characters)**

|  |
| --- |
|  |

Within the last 5 years, indicate how many publications you have had and how many of these were in peer reviewed journals. Highlight the 10 most significant publications, which may include up to 5 reviews and textbooks. **(1350 characters)**

|  |
| --- |
|  |

**DOMAIN 5: CONTRIBUTING TO THE NHS THROUGH TEACHING AND TRAINING (see Guide)** Summarise your impact on courses or development of educational materials, including apps and online products. Include audit or quality assurance activities, research into educational methods and your involvement in examinations or assessments. State your impact in developing skills in others. **(2000 characters)**

|  |
| --- |
|  |

**RATINGS AND INSPECTIONS**

The safety and quality of regulated health and adult social care services in England is monitored by the Care Quality Commission (CQC). Health services in Wales are monitored by the Healthcare Inspectorate Wales (HIW). Some services may be inspected by other bodies.

The following is used as background information. It will not affect your application score, but will be used to establish how your role contributes to the quality of your employer’s services.

**Applicants working in England**

|  |  |  |
| --- | --- | --- |
| **State your Trust’s most recent CQC rating (if you work for more than one Trust, this should be the rating of your primary employer):** | **And state your specific service’s most recent CQC rating where applicable:**  | **Date of inspection/rating:** |
| Select | Select | Select |
| **Please briefly comment on the relevance and impact of your role on these ratings (500 Characters):** |

 **Applicants working in Wales**

|  |  |
| --- | --- |
| **If your service has been inspected by HIW, please provide a link to the inspection report. Please also tell us whether the inspection was announced or unannounced and provide information on the summary of findings and any improvement plan (500 Characters):** | **Date of inspection:**Select |
|  |
| **Please specify your role in the investigation and in the development and implementation of any improvement plans (500 characters):** |

**Applicants whose services are rated differently**

|  |
| --- |
| **If your employer is not rated by CQC or HIW, please include details of any other rating/inspection Or, if your employer is unrated or uninspected, please explain why (500 characters):** |

**DECLARATION**

|  |
| --- |
| **I declare that to the best of my belief this information is accurate.** |
| **Full Name****Signature**  |  |