

**THIS DOCUMENT IS INTENDED FOR ASSESSMENT PURPOSES BY NOMINATING BODIES  
IT CANNOT BE SUBMITTED TO ACCEA AS AN APPLICATION**

**ACCEA FORM A 2007 (Application Form)  
CLINICAL EXCELLENCE AWARDS SCHEME – CVQ FOR NEW APPLICATION – LOCAL**

**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**

Surname:	Forename:	Professional Title:	DOB:	Level applying for: PLEASE SELECT
<u>Employer(s) name(s) with number of sessions per employer (Lead NHS employer first)</u>	<u>List of consultant appointments in date order</u>		<u>Accredited Specialties (main first)</u>	
<b>Current level</b> Select whether you hold DPs or CEA  Select your current level  Year awarded			Year appointed to the consultant grade	
Ethnic origin Please select			Primary Medical Qualification (Date and Institution)	
			Subsequent Qualifications (Date and Institution)	
GMC/GDC Reg No.	Work tel (Direct Line)	Email	Preferred address for correspondence	

**You cannot fill this form out without using the 2007 guidance, to which you must adhere strictly**

**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. Please indicate whether these are paid or not. (Box limited to 1350 characters).

**Domains**

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

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

**DOMAIN 3: MANAGING A HIGH QUALITY SERVICE** (see Guide) (Box limited to 1350 characters)

**DOMAIN 4: CONTRIBUTING TO THE NHS THROUGH RESEARCH** (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”.

**NOTE: CANDIDATES MAY CHOOSE TO COMPLETE EITHER THE OPTIONAL SUPPLEMENTARY RESEARCH OPTION (FORM D), OR THE OPTIONAL SUPPLEMENTARY TEACHING/TRAINING OPTION (FORM E) - THEY MAY NOT CHOOSE BOTH.**

**You may insert 3 key references. NO OTHER TEXT IS ALLOWABLE.**

**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".

**NOTE: CANDIDATES MAY CHOOSE TO COMPLETE EITHER THE OPTIONAL SUPPLEMENTARY RESEARCH OPTION (FORM D), OR THE OPTIONAL SUPPLEMENTARY TEACHING/TRAINING OPTION (FORM E) - THEY MAY NOT CHOOSE BOTH.**

**Verification of Completion**

**I declare that to the best of my belief this information is accurate and I am not aware of any disciplinary or professional conduct and performance issues against me**

**Full Name**

**Signature :**

**(The applicant needs to print a hard copy, which needs to be signed and retained.)**

**COMPLETION OF PART 2 IS OPTIONAL- THIS SHOULD BE DECIDED UPON BY THE LOCAL AWARDS COMMITTEE WHICH ASSESSES THE APPLICATIONS, PRIOR TO COMMENCEMENT OF THE AWARDS ROUND**

**Part 2 to be completed by the employer**

**Assessment by domain**

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**

**THE LOCAL AWARDS COMMITTEE SHOULD DETERMINE WHETHER PART 2 SHOULD BE COMPLETED AT THE START OF THE PROCESS**

**1. Please select**

**2. Please select**

**3. Please select**

**4. Please select**

**5. Please select**

Please give your reasons if you have marked any domain U, P or E  
(box limited to 500 characters)

GIVE YOUR ASSESSMENT OF THE CANDIDATE OVERALL FOR THIS LEVEL OF AWARD	Please select
Please give your reasons if you have given either qualified support or not supported the candidate (box limited to 500 characters)	
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?	Please select
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?	Please select Please select Please select Please select
f) Are you aware of any actual or potential disciplinary or professional proceedings inside or outside the Trust?	Please select
If the answer to (a-e) is No or the answer to (f) is Yes, further details must be supplied. (Box limited to 500 characters)	
Name of person completing this form:	
Position Held:	
I, as Chief Executive, certify that the contents of Part 2 are accurate. The comments represent the considered opinion of the employer.	
Chief Executive Name: Direct Line tel:	Date:
Chief Executive of:	
Signed by <b>Chief Executive</b>	<b>Note to Chief Executive:</b> Please sign personally and date the copy which the candidate will retain.