**NATIONAL CLINICAL IMPACT AWARD APPLICATION FORM 2022 COMPETITION**

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

**Help is also available *via* active pull-down links in the form**

**IMPORTANT: Fields marked in red on this form are for monitoring and governance purposes only, they will not be visible to anyone assessing your application.**

**NOMINATING ORGANISATION SUPPORT**

Name up to two National Nominating Organisations from which you are requesting support for your application

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| **Name of NNO 1** | **Name of NNO 2** |

**Applications can only be submitted with one request for support, but this can be amended later in the process. Support from an NNO is not required for an application and you must contact any NNOs you list directly to apply through their processes.**

**If you are not sure which NNOs, if any, you wish to request support from at this stage you can complete this section later.**

**APPLICANT DETAILS**

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| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | **Forename** | | **Professional Title**  Select | **Date of birth** |  |
| **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)  **Post-graduate Qualifications**  (Dates and Institution) | |
| **Current national award level**  Select  **Year awarded**  Select  **Current local 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 | |

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| **PERSONAL STATEMENT**  **Give up to four examples that summarise your achievements. These should be since your last award. (1200 characters; max 300 characters/entry).**   1. …………………………………………………………………………………………………………………………………………………………………………………………………………………… 2. …………………………………………………………………………………………………………………………………………………………………………………………………………………… 3. …………………………………………………………………………………………………………………………………………………………………………………………………………………… 4. …………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **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 |
| **Did you receive a new national Clinical Excellence Award (at any level) in the 2018, 2019 or 2021 competitions?** | |
| Yes No | |
| **Was your most recent National Award withdrawn?** | |
| Yes No | |
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| **Are you also applying for a Local Award this year?**  Yes No | |

**JOB PLAN**

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| **State the number of the following, as they appear in your agreed 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 (1000 characters):**  Please also specify if your job plan has changed over the course of the last 5 years | | | | |
| **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 (NOTE: ACCIA Guidance on evidence has changed)**

**All evidence must be dated or it will not be able to be considered appropriately by scorers**

**DOMAIN 1: DEVELOPING AND DELIVERING YOUR SERVICE (see Guide) (2000 characters)**

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**DOMAIN 2: LEADERSHIP (see Guide) (2000 characters)**

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**DOMAIN 3: EDUCATION, TRAINING & PEOPLE DEVELOPMENT (see Guide) (2000 characters)**

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**DOMAIN 4: CONTRIBUTING TO THE NHS THROUGH INNOVATION & RESEARCH (see Guide) (2000 characters)**

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Within the last 5 years, provide give details of your 10 most significant ‘publications’, which may include web-based or multi-media outputs, and up to 5 reviews and textbooks. **(3000 characters)**

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**DOMAIN 5: EVIDENCE OF ANY OTHER HIGH-QUALITY WORK WITH NATIONALLY- OR INTERNATIONALLY-RECOGNISED IMPACT OF DIRECT BENEFIT TO THE NHS (see Guide)**

**(2000 characters)**

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**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**

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| **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):** |

**Disciplinary proceedings and investigations**

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| **Have you been the subject of any disciplinary proceedings or investigations, inside or outside the trust, in the last five years?**  Yes No |
| **If yes, please give details:** |

**DECLARATION**

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