

2009/2010 AWARDS ROUND

**NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME
CITATION FOR HIGHER AWARD**

CONSULTANT'S NAME	LEVEL OF AWARD APPLYING FOR: Please select ---
SPECIALTY	EMPLOYER

<p>Do you support the granting of an award?</p> <p>If "No" please give reasons in the box immediately below, then sign and date the form at the end, and return to the NICEAC secretary. NOTE: Employers must also complete the section below "For Employers Only" (even if not supporting) before signing and returning the form.</p>	<p>Please select ---</p>
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You should give reasons if you have not supported the candidate. (Box limited to about 50 words)

<u>FOR EMPLOYERS ONLY</u>	
Please confirm that the consultant meets the eligibility criteria (see Section 3 of Guide) If not, please supply further details	Please select ---
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 ---
b) Has the consultant during the last 12 months:	
➤ had a formal appraisal	Please select ---
➤ agreed his/her job plan	Please select ---
➤ fulfilled his/her contractual obligations	Please select ---
➤ complied with the private practice code of conduct	Please select ---
c) Are you aware of any actual or potential disciplinary or professional proceedings inside or outside the Trust?	Please select ---

If the answer to (a) or any part of (b) is No, or the answer to (c) is Yes, please give further details. (Box limited to 700 characters)

ASSESSMENT BY CRITERIA

For each of the four criterion please indicate your assessment of the candidate by selecting one of the following.

- A** Well above expected performance
- B** Above expected performance
- C** Expected performance

1. Please select ---

2. Please select ---

3. Please select ---

4A. Please select ---

4B. Please select ---

Please give brief reasons below for your markings for each criterion.

Name of person completing this form:

Position held:

Signature of: (please tick)

Chairman of Trust/Board/Agency

Chief Executive of Trust/Board/Agency

Vice Chancellor of Queen's University

President of Royal College

Specialty Association

Senior Award Holder

Signed _____

Date _____

SUBMIT TO NICEAC SECRETARY – ROOM D2.14, CASTLE BUILDINGS, STORMONT, BELFAST, BT4 3SR

CLOSING DATE FOR RECEIPT OF CITATION FORM IS 9 OCTOBER 2009