

**RESTRICTED  
2009/2010 AWARDS ROUND**

<b>NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME CITATION FOR <u>LOWER AWARD</u></b>
---

<b>CONSULTANT'S NAME</b>	<b>LEVEL OF AWARD APPLYING FOR:</b>  Please select: -----
<b>SPECIALTY</b>	<b>EMPLOYER</b>
<b>Do you support the granting of an award?</b>	
If "No" please give reasons in the box immediately below, then sign and date the form at the end, and return to the LAC. <b>NOTE:</b> Employers must also complete the section below "For Employers Only" (even if not supporting) before signing and returning the form.	Please select: -----
You should give reasons if you have not supported the candidate. (Box limited to about 50 words)	
<b><u>FOR EMPLOYERS</u></b>	
Please confirm that the consultant meets the eligibility criteria (see Sections 3 and 7 of the 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:	
<ul style="list-style-type: none"> <li>• had a formal appraisal</li> <li>• agreed his/her job plan</li> <li>• fulfilled his/her contractual obligations</li> <li>• complied with the private practice code of conduct</li> </ul>	Please select: ----- Please select: ----- Please select: ----- 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 about 50 words)	

**RESTRICTED  
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

<b>CRITERION</b>				
<b>1. Please select</b>	<b>2. Please select</b>	<b>3. Please select</b>	<b>4A. Please select</b>	<b>4B. Please select</b>
-----	-----	-----	-----	-----

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

Name of person completing this form:

Position held:

**Signature of Employer:**

**Signed**.....

**Date**.....

**SUBMIT TO LOCAL AWARDS COMMITTEE**