

**RESTRICTED  
2010/2011 AWARDS ROUND**

**NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME  
CITATION FOR LOWER AWARD and /or FIVE YEAR REVIEW**

<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)		

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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

CRITERION				
1. Please select	2. Please select	3. Please select	4A. Please select	4B. Please select
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Please give brief reasons below for your markings for each criterion.

<p><b>FOR FIVE YEAR REVIEW ONLY</b></p>	<p><b>Please select</b></p> <p>Full renewal for 5 years <input type="checkbox"/></p> <p>Further review in less than 5 years <input type="checkbox"/></p> <p>Non renewal of award <input type="checkbox"/></p>
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Name of person completing this form:

Position held:

**Signature of Employer:**

Signed..... Date.....

**SUBMIT TO LOCAL AWARDS COMMITTEE**