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Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME

NOTIFICATION OF INTENTION TO APPLY FOR HIGHER AWARD

BEFORE COMPLETING THIS FORM, PLEASE CHECK THAT YOU ARE ELIGIBLE TO APPLY:

- **At least three years experience as a consultant (not including Locum)**
- **Hold a minimum of four local awards (during transition four discretionary points)**

Title	
First Name	
Surname	
Email address	
GMC/GDC Registration Number	
Level of award applied for	

BLOCK CAPITALS PLEASE

I hereby confirm that I wish to apply for a Clinical Excellence Award.

Signature _____

Date _____

This completed form should be returned to:

**John Nesbitt
NICEAC Secretary
Room D2.14
Castle Buildings
Stormont
Upper Newtownards Road
Belfast BT4 3SR**