

**RESTRICTED**  
**2009/2010 AWARDS ROUND**

<b>NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME SUPPLEMENTARY (OPTIONAL) CV FOR <u>HIGHER AWARD</u></b>
---

**FOR ASSESSMENT OF ACHIEVEMENTS IN RESEARCH (Criterion 4 A)**

<b>Name (In Full)</b>		<b>Professional Title</b> Please select
<b>Work Tel</b>	<b>Home Address</b>	
<b>Email</b>		

**PLEASE NOTE: IT IS IMPORTANT TO INCLUDE DATES FOR EACH SPECIFIC ACHIEVEMENT OR APPOINTMENT**

Statement setting out the nature of your research contribution (approx. 250 words). The introduction of innovation, into the delivery or organisation of healthcare may also be described here.

Statement setting out the relevance of your work to the needs of the HSC. (approx. 150 words)

Brief description of your contribution to the management and leadership of medical science in the context of your local (hospital and university), national (specialist discipline, government, industry etc) and international activities. (approx 250 words)

List of current grants awarded (with dates) for which you are a principal or co-applicant. (approx 150 words) (past 5 years)

Brief statement on your contribution to the research, training and supervision of others. (approx 250 words)

Please state total number of papers published.

Please state number of papers published in last 5 years.

Please give full details of your 5 most important recent (**peer reviewed**) publications, giving dates and their impact on knowledge and on health and health care.

Please tick box

I declare that to the best of my belief this information is accurate and I am not aware of any disciplinary or professional conduct and performance issues against me.

**THIS FORM MUST BE SUBMITTED AS A CONTINUATION OF THE SELF-NOMINATION CV FORM. IF IT IS SUBMITTED SEPARATELY IT WILL NOT BE ACCEPTED.**

**PLEASE SUBMIT TO – [ceawards@dhsspsni.gov.uk](mailto:ceawards@dhsspsni.gov.uk)**

**CLOSING DATE FOR RECEIPT OF CV FORM IS 3 JULY 2009**