

NATIONAL CLINICAL IMPACT AWARD APPLICATION FORM 2022 COMPETITION

Please read the [Guide for Applicants](#) before completing
 Help is also available *via* active pull-down links in the form

IMPORTANT: Fields marked in red on this form are for monitoring and governance purposes only, they will not be visible to anyone assessing your application.

NOMINATING ORGANISATION SUPPORT

Name up to two National Nominating Organisations from which you are requesting support for your application

Name of NNO 1	Name of NNO 2
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Applications can only be submitted with one request for support, but this can be amended later in the process. Support from an NNO is not required for an application and you must contact any NNOs you list directly to apply through their processes.
 If you are not sure which NNOs, if any, you wish to request support from at this stage you can complete this section later.

APPLICANT DETAILS

Surname	Forename	Professional Title Select	Date of birth	
Employer(s) name(s) with number of sessions per employer (Lead NHS employer first)	List of consultant appointments in date order	Accredited Specialties (main first)		
		Year appointed to the consultant grade		
		Primary Medical Qualification (Date and Institution)		
		Post-graduate Qualifications (Dates and Institution)		
Current national award level Select Year awarded Select	Are you fully registered with the GMC and/or GDC with a licence to practise?			
Current local award level Select Year awarded Select				

GMC/GDC Reg No.	Telephone	Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PERSONAL STATEMENT
Give up to four examples that summarise your achievements. These should be since your last award. (1200 characters; max 300 characters/entry).

1)

2)

3)

4)

Is your primary employer in England or Wales?
Select

Have you taken any part of your pension or Have you retired and returned to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, from what date? Select
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Did you receive a new national Clinical Excellence Award (at any level) in the 2018, 2019 or 2021 competitions?
Yes No

Was your most recent National Award withdrawn?
Yes No

Are you also applying for a Local Award this year?
Yes No

JOB PLAN

State the number of the following, as they appear in your agreed job plan:

Direct clinical care
Programmed
Activities (PAs) for
which you are paid:

Select

Academic PAs:

Select

Supporting Professional
Activities (SPAs):

Select

Planned PAs
(excluding Additional
PAs) you undertake for
your employer(s):

Select

Details of the activities for each of these paid PAs (1000 characters):

Please also specify if your job plan has changed over the course of the last 5 years

Details of any other remunerated sessions or activities (500 characters):

Details of any other unremunerated sessions or activities (500 characters):

Within the last five years, have you received any additional income from any wider role
(outside your job plan)?

Yes No

Does any of this income relate to evidence provided in your application?

Yes No

Details of these roles and payments and, if you answered yes, how they relate to your
evidence (500 characters):

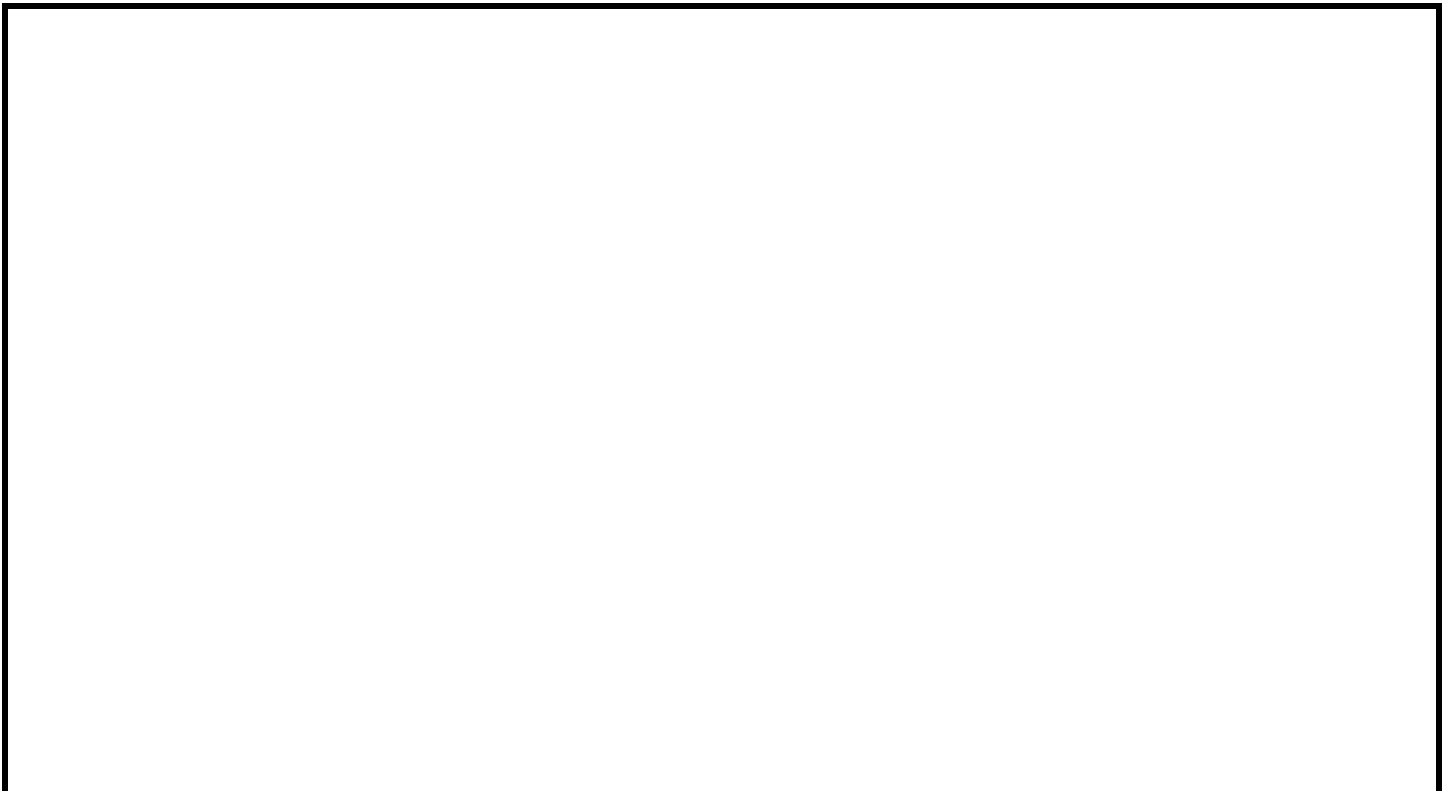
DOMAINS (NOTE: ACCIA Guidance on evidence has changed)

All evidence must be dated or it will not be able to be considered appropriately by scorers

DOMAIN 1: DEVELOPING AND DELIVERING YOUR SERVICE (see Guide) (2000 characters)

A large, empty rectangular box with a black border, intended for providing evidence for Domain 1. The box is currently blank.

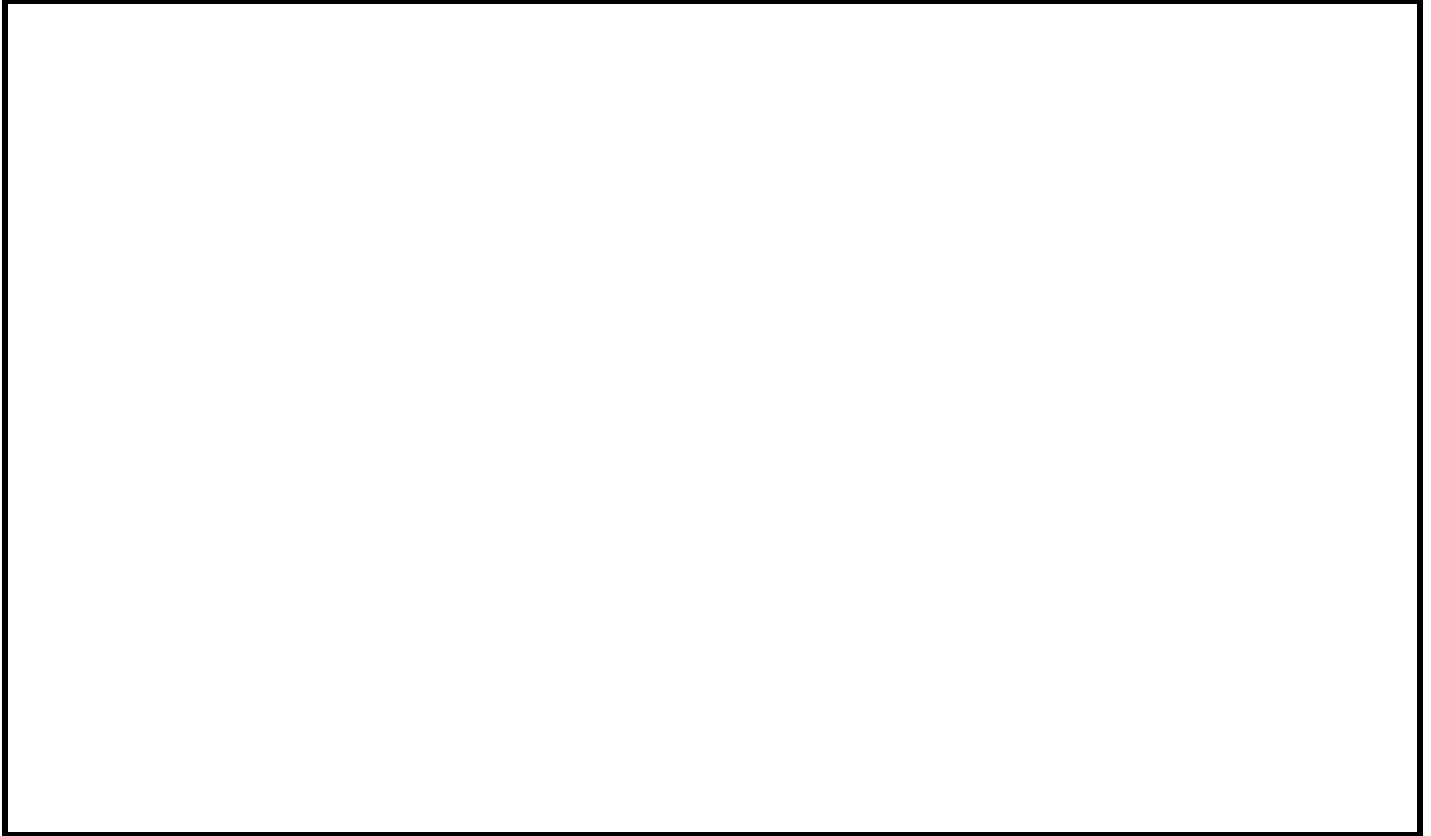
DOMAIN 2: LEADERSHIP (see Guide) (2000 characters)

A large, empty rectangular box with a black border, intended for providing evidence for Domain 2. The box is currently blank.

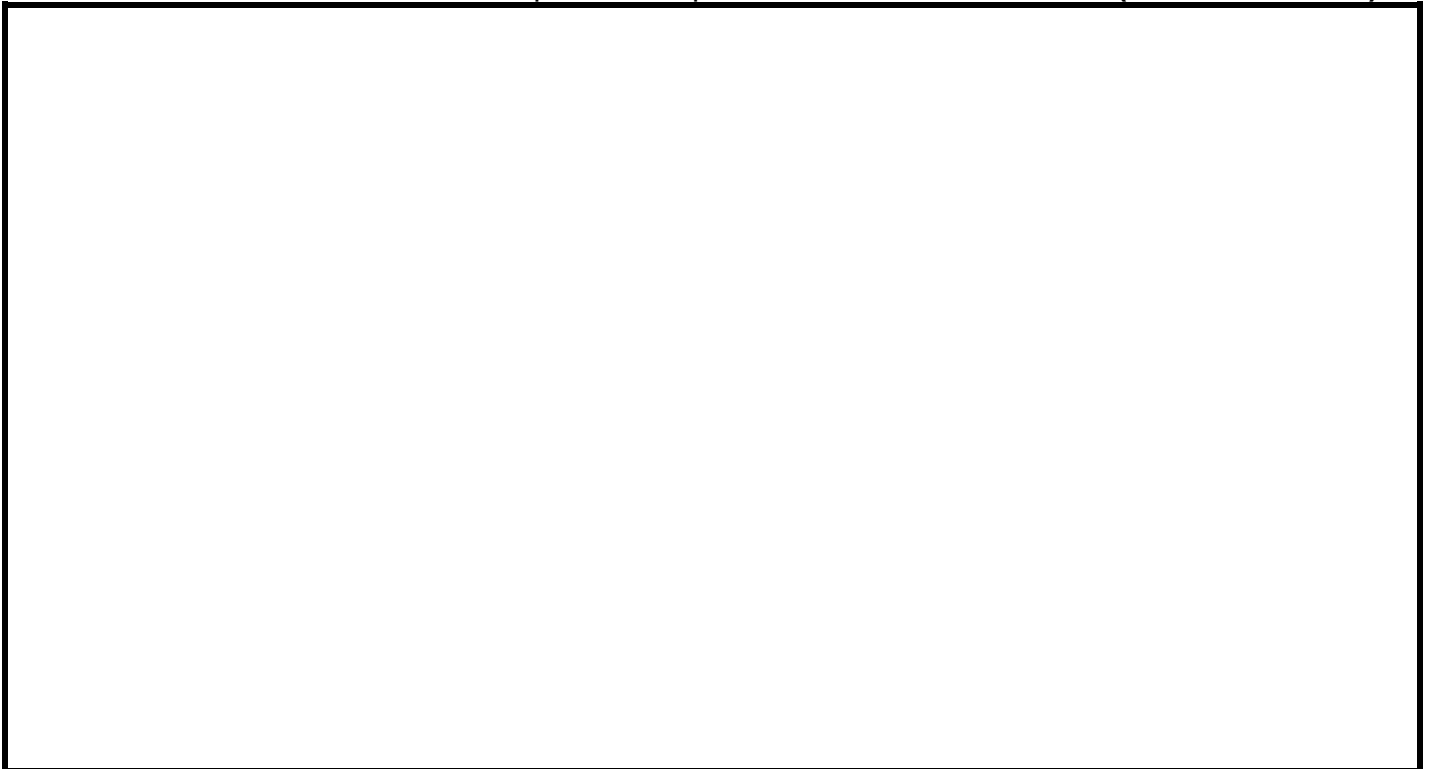
DOMAIN 3: EDUCATION, TRAINING & PEOPLE DEVELOPMENT (see Guide) (2000 characters)

A large, empty rectangular box with a black border, intended for the user to write their response to the domain question. The box occupies most of the page's vertical space below the header.

**DOMAIN 4: CONTRIBUTING TO THE NHS THROUGH INNOVATION & RESEARCH (see Guide)
(2000 characters)**



Within the last 5 years, provide give details of your 10 most significant 'publications', which may include web-based or multi-media outputs, and up to 5 reviews and textbooks. **(3000 characters)**



DOMAIN 5: EVIDENCE OF ANY OTHER HIGH-QUALITY WORK WITH NATIONALLY- OR INTERNATIONALLY-RECOGNISED IMPACT OF DIRECT BENEFIT TO THE NHS (see Guide) (2000 characters)

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RATINGS AND INSPECTIONS

The safety and quality of regulated health and adult social care services in England is monitored by the Care Quality Commission (CQC). Health services in Wales are monitored by the Healthcare Inspectorate Wales (HIW). Some services may be inspected by other bodies.

The following is used as background information. It will not affect your application score, but will be used to establish how your role contributes to the quality of your employer's services.

Applicants working in England

State your Trust's most recent CQC rating (if you work for more than one Trust, this should be the rating of your primary employer): Select	And state your specific service's most recent CQC rating where applicable: Select	Date of inspection/rating: Select
Please briefly comment on the relevance and impact of your role on these ratings (500 Characters):		

Applicants working in Wales

If your service has been inspected by HIW, please provide a link to the inspection report. Please also tell us whether the inspection was announced or unannounced and provide information on the summary of findings and any improvement plan (500 Characters):	Date of inspection: Select
Please specify your role in the investigation and in the development and implementation of any improvement plans (500 characters):	

Applicants whose services are rated differently

If your employer is not rated by CQC or HIW, please include details of any other rating/inspection Or, if your employer is unrated or uninspected, please explain why (500 characters):
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Disciplinary proceedings and investigations

Have you been the subject of any disciplinary proceedings or investigations, inside or outside the trust, in the last five years?

Yes No

If yes, please give details:

DECLARATION

I declare that to the best of my belief this information is accurate.

Full Name

Signature