#### DHSC Logo

**Application for membership of an ACCEA Regional Sub-committee**

Please complete this form if you wish to be considered for membership of an ACCEA regional sub-committee. See our *Information for Prospective ACCEA Regional Sub-committee Members* for background information.

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| **Please indicate how you became aware of the opportunity to join us** |
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**Part 1 – Sub-committee and Membership Type**

Please select the region where you are or were employed and have a working knowledge of the NHS, or select ‘Arm’s Length Body’ if you are applying to assess applications from consultants working for the national organisation sponsored by the Department of Health and Social Care.

Please also select your membership type. Regional sub-committees are made up of:

* Professional members, whoare consultants and academic GPs who are eligible for awards;
* Employer members, who act as a channel for the views of employers generally within the sub-committee areas; and
* Lay members; who are knowledgeable about the workings of the NHS and have informed lay involvement in healthcare and the patient’s perspective. They may be retired NHS employees, including consultants and GPs.

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| **I wish to apply for membership of the** | Choose a sub-committee Regional Sub-Committee |
| **With the role of**  | Choose a role |

**Part 2 – Personal Information**

Please provide all of the information requested below.

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| **Full name**  | Title |
| **Full address**This may be used for correspondence |  |
| **Telephone number** |  |
| **Mobile number** |  |
| **E-mail address** |  |

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| **Occupation** Consultants applying for vacancies should indicate their specialty |
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| **Academic qualifications** |
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| **Level of current Clinical Excellence Award or Distinction Award and year awarded or last renewed** |
| **Not applicable:** [ ]  **Award:** Level Awarded/renewed: Award Year |

**Part 3 – Experience and Skills**

Our process is digital and we will only make alternative arrangements available to accommodate members with disabilities. Additionally, we work to a strict timetable.

By applying, you confirm that you can:

* Access and use browser-based programmes and Zip files; and
* Work to deadlines.

Our sub-committee members are asked to bring their expertise to their assessment of applications. Amongst wider experience, they have an understanding of:

* Consultant doctors’ and dentists’ roles; and/or
* Medical teaching, research, service redesign or innovation; and/or
* The wider workings of the NHS or medical academia; and/or
* The patient perspective.

In order to score all Clinical Excellence Award applications consistently and fairly, our scorers need to be able to:

* Compare and contrast written evidence; and
* Analyse text within a set framework.

And in order fully to participate in committee meetings, our members also need to:

* Be comfortable amongst a group of peers; and
* Actively contribute to discussions.

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| **Please outline your relevant experience, including:*** An example of where you have analysed written evidence; and
* An example of where you have contributed to committee discussions
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| **Please indicate whether you have received valuing diversity training within the last 3 years** |
| **Yes** [ ]  | **No** [ ]  |

**Part 4 – Conflicts of Interest and Professional Conduct**

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| **Please give details of any business or personal interests that might be relevant to the work of ACCEA and which could lead to a real or perceived conflict of interests** |
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| **Have you ever been subject to an upheld professional conduct investigation brought by your employer or professional regulator?** |
| Yes[ ]   | No[ ]  |
| **If yes, please provide details:** |
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**Part 5 - Referees**

**Please give the names and contact details of two referees.**

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| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Job title** |  | **Job title** |  |
| **Organisation** |  | **Organisation** |  |
| **Telephone**  |  | **Telephone**  |  |
| **Email** |  | **Email** |  |

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| **Please indicate by crossing this box that you agree to ACCEA contacting your referees** [ ]  |

**Part 6 - Declaration**

**I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct.**

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| **Signature**  | **Date** |
|  |  |

**I confirm my email may be shared amongst other ACCEA Sub-Committee members**

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| **Yes** [ ]  **No** [ ]  |

Please e-mail a concise CV (no more than two sides of A4) and monitoring form along with this application form to:

accea@dhsc.gov.uk

**General Information**

Professional and employer members receive no payment from ACCEA for attending committee meetings or for reading time. However, Chairs and lay members do receive a fee and can claim expenses. Professional and employer members should claim expenses from their Trusts.

Subject to any administrative changes to national Clinical Excellence Awards, the term of service on a regional sub-committee is three years (the 2020, 2021 and 2022 rounds), and may be renewed once.

Please note that the names of committee members are published on the ACCEA website: <https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards/about/our-governance>