This form is not necessary for EBA. Only use this form if you have more than two main employers.

|  |
| --- |
| **ACCEA FORM B 2017****CLINICAL EXCELLENCE AWARDS SCHEME - CITATION****PLEASE USE THIS FORM FOR LOCAL APPLICATIONS ONLY** |

|  |  |
| --- | --- |
| **CONSULTANT’S SURNAME**      | **CONSULTANT’S FORENAME** |
| **SPECIALTY** | **EMPLOYER** |
| **LEVEL OF AWARD APPLYING FOR** | **NAME OF NOMINATING BODY** |
| **Citation (limited to 1350 characters including spaces)** |

|  |
| --- |
| **Person completing this form:**  **Signature**       ***I declare that the information I have given is complete and true to the best of my knowledge. I accept that if the information I have given is inaccurate, disciplinary and/or legal action may be taken against me.***  |
| **Name:** **Email address:**        | **Post Held:** **Contact Number:** | **Date:**  |

|  |
| --- |
| **Designated Nominating Officer of Organisation: Signature** |
| **Name:**  | **Post Held:**  | **Date:**  |

**All completed “Application” and “Assessment by Domain” forms are to be returned to the applicant so that they could directly return their documents to** **CEA@phe.gov.uk** **copying their Line Manager/s or Chief Executives to that email.**