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| FORM E 2016 **CLINICAL EXCELLENCE AWARDS SCHEME – OPTIONAL FORM TO ACCOMPANY NEW APPLICATION**  **Supplementary CV QUESTIONNAIRE for assessment of TEACHING AND TRAINING** |
| Surname       Forename       Institution |
| **Courses or educational materials developed (Box limited to 1350 characters)** |
| Developing teaching skills in others (Box limited to 1350 characters) |
| Involvement in examinations or assessment (Box limited to 1350 characters) |
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| Contribution to audit or quality assessment of teaching programmes (Box limited to 1350 characters) |
| **Research into educational methods (Box limited to 1350 characters)** |

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| I declare that to the best of my belief this information is accurate.  Full name       Date |

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

**Notes.**

**Give evidence to support your case, such as assessment by participants or awards gained**.

**Personal Teaching**

Specify to which groups you refer and give any detail of over and above achievements and evidence of their impact

**Courses or educational materials developed**.

Include here, for example, textbooks or chapters written, computer based teaching aids, remote learning initiatives.

**Developing teaching skills in others**.

Include here evidence of commitment to professional teaching such as educational qualifications gained and ‘teach the teachers’ initiatives.

Please indicate as appropriate which of the professional groups your work relates to, eg, Medical Undergraduate, Medical Postgraduate, Consultant Peers, Clinical Researchers, Non-Clinical Researchers, Nurses, Other Health Professionals, and Patients and the Public.