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**DAS PROFESSOR OF ANAESTHESIA & AIRWAY MANAGEMENT 2021**

**APPLICATION FORM**

Please read guidelines and associated criteria Complete the form in **black**, **Arial 11 font, single spaced.** Write your responses **below** the blue lettering. **Start each Section on a fresh page, keeping to the original paginations. Do not change the page margins**

**Section 1 – Personal Details**

Surname

Click here to enter text.

First names

Click here to enter text.

Sex (delete as appropriate)

Male/Female

Date of birth (eg, 28 May 1950)

Click here to enter a date.

Current professional positions

Primary professional address (with email)

Home address (with alternative email, if relevant)

Date of appointment to first NHS consultant post or equivalent

Click here to enter a date.

For clinicians: date of receipt of fist licence to practice as a specialist

Click here to enter a date.

**Section 2: Education and qualifications**

**University Education**, with dates and class of degree, merits, etc

(add rows as needed)

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| Dates | University | Qualification (Degree, subject, grade/class) |
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Comments

**Other professional certificates or courses completed** (such as ACLS, ATLS, etc), with dates (add rows as needed)

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| Dates | Awarding body | Course/certificate |
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Comments

**Section 3: Referees**

Names, professional addresses and job titles of three referees, with contact emails

*It is the applicant’s responsibility to ensure this information is accurate, that these referees fulfil the criteria laid out in the particulars, and that these referees are willing to provide a reference. All referees must be medically qualified.*

Referee 1 (who must be from the applicant’s country of practice and **may** be from the applicant’s own institution, or from another institution in the same country)

Referee 2 (who **must** be from another country)

Referee 3 (who **must not** be from the applicant’s own institution and can be from either the same country or a country different from the applicant’s current place of work)

You may, if you wish, list up to 2 referees whom you would prefer not to assess your application

**Section 4: Awards, Prizes and other markers of esteem**

List any awards, prizes or fellowships that you consider markers of esteem, and include dates and awarding body

Current level of Clinical Excellence Award and date awarded

*(Please attach a copy of the most recent successful application to this application (ie, copy and paste the Word CEA file to the end of this document or if this is not possible, attach it as a separate file. If the nation in which the applicant resides does not have an awards or incentive system please explain an equivalent and a brief explanation/*

**Section 5: Contribution to the subspecialty**

Each box should be limited to approximately half a page so that there are two completed boxes to a page

List of senior organisational roles

*(eg, in national/international professional societies, or in the NHS, in universities or other academic institutions which might include senior NHS managerial roles, or College Tutor or Regional Advisor responsibilities. Please give dates)*

List of roles in the oversight or support of scholarly activity in the specialty

*(eg, examining at all levels from undergraduate to postgraduate, work for grant-giving bodies, biomedical charities, editorial work for journals, ethics committee work, development of guidelines. Please give dates)*

Representation on national or international committees overseeing or reviewing specialist or healthcare-related activities

*(eg, government committees, national audits such as NCEPOD or NAP, work for healthcare organisations such as WHO, UNESCO, etc. Please give dates)*

Evidence of dissemination of high quality teaching or training

*(eg, through skills courses or simulators which may include establishing programs of education in the UK or abroad. Please give dates)*

Evidence of inventions or equipment development, including collaborations with industry or patents held

*(this box may be up to one page in size)*

Evidence of contribution to the development of DAS

*(this box may be up to one page in size)*

**Section 6: Publishing**

There is no limit to the number of pages

The following format should be used (which is the referencing style of *Anaesthesia*)

[full list of authors]. Paper title. *Journal title in full* year; volume number: pages

eg:

Smith A, Jones B, Black C, Brown D. Effect of lignocaine on pain after propofol. *British Journal of Propofol Studies* 2007; **15**: 34-9

Full peer-reviewed papers

Published Letters

Books or National Reports or Theses

Book chapters

Published abstracts which are not preludes to full papers listed above

**Bibliometrics**

Applicants are asked to provide their current bibliometric scores (eg, by checking them at- <http://www.harzing.com/pop.htm> and reading Pandit JJ. Measuring academic productivity: don’t drop your ‘h’s’! *Anaesthesia* 2011; **66**: 861-4.

We request the following details:

Total publications

Click here to enter text.

Total citations

Click here to enter text.

h-score

Click here to enter text.

g-score

Click here to enter text.

**Section 7: Grant income and fundraising**

Please start this section on a fresh page after Section 6, above

List of research grants awarded as Principal Investigator, Co-Applicant or Collaborator in last 5 years

(You may include monies raised on behalf of others, or on behalf of organisations, or institutional income arising out of industry collaborations)

Provide the dates of grant, awarding body, title of project and sum, eg:

£300,000 Dr Smith PI, Dr Jones Collaborator, Medical Research Council 2007-12 “Study of pain on propofol injection”

Add rows to the table as needed

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| --- | --- | --- | --- | --- | --- |
| Sum | PI name | Collaborators/  Co-applicants Names | Funding body | Dates | Project title |
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**Section 8: Personal Statement**

Personal statement on the applicant’s ‘*Contribution to the specialty of anaesthesia and the art and science of airway management*’ (limit of 2 A4 pages, Arial 11 font, single spaced).

**Declaration**

(you may sign with an electronic signature or simply type your full name)

I confirm that I have been a fee-paying member of DAS for at least the last 3 successive years and continue to be a fee-paying member in good standing.

I declare the information above is correct, to my belief.

Date

**Please now attach a copy of your last successful CEA application to this form, or submit it as a separate file.**

Please submit as a single file by e-mail to the Chair of Awards Panel Dr Kariem El-Boghdadly (elboghdadly@gmail.com) **by the closing date of midnight 31 May 2019**. Late applications will be rejected and returned.