Outstanding Clinical Practitioner Award

Application form

Full details and deadline available at: <https://www.endocrinology.org/grants-and-awards/prizes-and-awards/outstanding-clinical-practitioner-award/>

The Society for Endocrinology is committed to inclusivity and diversity across all of its work. As part of this, we welcome applications from across the full breadth of professionals and those groups who are currently underrepresented in endocrinology. Please find our diversity policy at: <https://www.endocrinology.org/media/3707/202007-diversity-and-inclusion-policy.pdf>

**Please note:** All applicants must be current members of the Society for Endocrinology. Please see <http://www.endocrinology.org/membership/> for further details on how to become a member.

|  |
| --- |
| **Applicant’s information**  |
| Name |  |
| Institution address |  |
| Email |  |
| Phone number |  |
| Please describe here the achievement (s), project(s) or initiative (s) relating to this application. Please detail how you have shown excellence, focusing on any impact to patient or the endocrine community. Describe as vividly and precisely as possible the difference your contribution has made. Highlight any innovative approaches. Include links to any relevant online information that might enrich/ illustrate your application (between 300 and 1000 words). |
| Please attach the following documents to your application:[ ] a brief CV If applicable:[ ] relevant publications[ ] any supporting documents (e.g. a patient and/or colleague statement of support – see template below) - UP TO TWO STATEMENTS |
| **Applicant’s declaration** |
| “I confirm that I am a current member of the Society for Endocrinology, and that if successful, I am willing to present at SfE BES Conference in the year following the Award and write an article for *The Endocrinologist* magazine” | Applicant’s signature: |

Please submit your application to awards@endocrinology.org . Applications must be submitted as a **Word document**.

Privacy details

In order to evaluate your application, the data that you submit via this form will be shared with the Selection Panel, relevant Society members and staff working for the Society for Endocrinology. We will store your data securely and only authorised personnel will be able to access it.

PLEASE SUBMIT UP TO TWO STATEMENTS

**STATEMENT OF SUPPORT**

Please describe how the applicant has shown excellence, focusing on any impact to students or the endocrine community (500 words max)

|  |
| --- |
| Please write your statement here |
| Name |  |
| Address |  |
| Email |  |
| Date |  |
| Signature: |  |
| Applicant’s name: |  |