The relevant clinical programme lead (or nominee of CAAC) must complete this evaluation form on receipt of a proposed application for a direct replacement consultant post from a Health Region. The completed evaluation form should be returned to the Regional Executive Officer of the respective Health Region within *10* working days of receipt of the document.

|  |  |
| --- | --- |
| **Name of Clinical Programme Lead/Nominee of CAAC** |  |
| **Title of proposed replacement post** |  |
| **Health Region submitting proposed application for replacement post** |  |
| ***Please complete question 1 and then one of either 2 or 3 depending on the decision following review of the application*** | |
| 1. **I confirm that there is no change to the structure of the original post**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** |  |  | **No** |  | | |
|  | |
| **2. I have reviewed the proposed application for the replacement post in the context of the clinical programme and support it fully for the following reasons:** | |
|  | |
| **3. I have reviewed the proposed application for the replacement post in the context of the clinical programme and cannot support it in its current format. I do not believe it has merit and would need to be substantially reworked. The reasons for this are:** | |

**Clinical Lead Signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For completion by Regional Executive Officer (REO)***

**I hereby confirm that I fully support the proposed application for the replacement post in its original structure.**

**REO Name: Date:**

**REO Signature:**