





# Championing EnhancEd practice in Radiography (CHEERs)

**Role Specification for an**

**Enhanced Practice Champion in Radiography**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **NAME:**  |  |
| **DATE OF BIRTH:**  |  |
| **PLACEMENT SITE:**  |  |
| **NUMBER OF YEARS QUALIFIED:**  |  |
| **HCPC REGISTRATION NUMBER:**  |  |
| **JOB TITLE:**  |  |
| **CONTACT TELEPHONE NUMBER:**  |  |
| **CONTACT WORK EMAIL:**  |  |

**EXPRESSION OF INTEREST (Approx 300 words maximum)**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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| **Service manager (SM) approval**  | I confirm that ……………………………………. has permission, to undertake training in enhanced practice to support the dissemination in their speciality and region.***Name of SM………………………………………………………………*** ***Signature of SM…………………………………………………………*** ***Designation SM……………………………………………………........******Email SM………………………………………………………………….******Date………………………………………………………………………..***  |
| **Participant confirmation**  | I confirm that I have the support and time to enable me to achieve the expectations of the training  ***Name of participant: …………………………………………………...******Signature: ………………………………………………………………..*** ***Designation: …………………………………………………………….*** ***Date: ………………………………………………………………………***  |