



EXTERNAL EXAMINERS CLAIM FORM

Part One: to be completed by External Examiner. Part Two: to be completed by School/Faculty staff. Part Three: to be completed by the Human Resources Department

PART ONE: To be completed by External Examiner

PLEASE USE BLOCK CAPITALS AND COMPLETE ALL OF THE DETAILS BELOW

CLAIMANT NAME: TITLE:

NATIONAL INSURANCE NUMBER: DATE OF BIRTH:

HOME ADDRESS:

BANK NAME: BANK/BRANCH ADDRESS:

SORT CODE: ACCOUNT NUMBER:

IBAN NUMBER (Non U.K. bank accounts only):

SWIFT/BIC CODE (Non U.K bank accounts only):

IBAN NUMBER AND SWIFT/BIC CODE MUST BE COMPLETED FOR ALL NON U.K. BANK ACCOUNTS

CLAIM DETAILS: (as paid directly by claimant – receipts and vouchers must be attached.)

VISIT TO: FACULTY/SCHOOL CAMPUS:

DATE: FROM: TO:

TOTAL DURATION OF VISIT IN HOURS:

COURSE: YEAR/GROUP:

Details	£	£
EXPENSES: (£ sterling only)		
AIR TRAVEL/BOAT TRAVEL	.....	.....
RAIL TRAVEL	.....	.....
COACH/BUS /CAR EXPENSES/TAXI	.....	.....
HOTEL ACCOMMODATION (excluding bar, newspapers, laundry etc)	.....	.....
OTHER MEALS (Please Specify)	.....	.....
FEE (must be agreed in advance)	.....	.....
Total Expenses (£ sterling only)	.....	.....
Total Claim (£ sterling only)	.....	.....

* Income Tax and National Insurance contributions will be deducted in line with current HMRC guidance

** Note: Arising from UK immigration regulations fees can only be claimed by non EEA nationals as External Examiners who are invited for a pre-arranged fee paid engagement for no longer than ONE month. UK and other EEA nationals may be paid fees for longer periods of engagement. In every case in which a School wishes to engage a Non EEA national as an External Examiner they must seek prior approval from their HR Business Partner as visa requirements vary significantly by nationality.

I certify that the expenditure detailed above was incurred, solely, on behalf of Ulster University and that expenses claimed were actually and necessarily incurred in the performance of my duties.

CLAIMANT SIGNATURE: DATE:

PART TWO: To be completed by School/Faculty staff

ULSTER UNIVERSITY - EXTERNAL EXAMINERS REIMBURSEMENT RATES

The Council of Ulster University (University of Ulster) has agreed that travel, subsistence and related expenses which have been incurred by External Examiners will be reimbursed as follows for up to two visits in each academic year.

TRAVEL

First class rail and boat fares, tourist air fares for travel originating in the UK and public transport fares (taxi fares will only be paid in exceptional circumstances).

SUBSISTANCE

- i. Accommodation (payment for bed and breakfast will be made directly to the hotel by the University);
- ii. Claims for out of pocket expenses up to £20 for each 24 hour period or required attendance. Such claims should be made on the Claim Form and should be supported by receipts;
- iii. Car mileage rate is 23.8p per mile
- iv. Expenditure on alcoholic drinks, newspapers, telephone calls, tobacco and such items of this kind will not be reimbursed.



**SUBSIDIARY PAYROLL
EQUAL OPPORTUNITIES
MONITORING QUESTIONNAIRE**

Applicant No: _____

The Ulster University's commitment to equality of opportunity is enshrined in its Charter, its Equal Opportunities Policy and its Equality Scheme. It considers that monitoring is the essential first step in the effective implementation of its Equal Opportunities Policy and its Equality Scheme. We would therefore ask you to complete this form.

1(a). Date of Birth: ___/___/___ **1(b). National Insurance Number:** _____

2. Gender: Male Female

3. Marital Status: Single Married Separated
Divorced Widowed Co-habiting

4. Nationality: British Irish Other (please specify) _____

5. Ethnic Origin: White Indian Pakistani
Black African Black Caribbean Black Other
Irish Traveller Mixed Ethnic Group Bangladeshi
Chinese Other (please specify) _____

6(a). Disability

The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment which has a substantive and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Having read this definition do you consider that you are a disabled person or that you have a disability?

Yes No

6(b). If you have answered "Yes" to the above question please tick the appropriate boxes below to indicate the nature of your disability (tick as many as apply to you):

Dyslexia Blind/partially sighted Deaf/hearing impairment

Multiple disabilities Personal care support Mental health difficulty

Unseen disability Progressive disability Mobility (physical disability)

Learning disability Other (please specify) _____

7(a) Community Background

To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998. Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. We therefore ask you to indicate your community background by ticking the appropriate box below.

Protestant Community

Roman Catholic Community

Neither*

If you do not complete this section we are encouraged to use the 'residuary method' of monitoring, which means that we can make a determination on the basis of personal information on file or your application form.

*If you ticked the box marked neither, please provide names and addresses of the primary/preparatory and secondary schools, which you attended.

7(b). Religious Belief

In support of Section 75 of the Northern Ireland Act 1998, the University monitors the Religious Belief of applicants and employees. We recognise that there may be occasions where Religious Belief differs to perceived Community Background, especially where the residuary method has been used to make a determination. In order to ensure that our records are correct, we therefore ask you to indicate your Religious Belief by ticking **one** box below.

Christian Muslim Hindu Sikh Jewish

Buddhist None

Other (please specify) _____

8. Dependants

We understand persons with dependants to be those with personal responsibility for the care of a child, the care of a person with an incapacitating disability and/or the care of a dependant elderly person.

Do you have dependants? Yes No

Note: The above information will be used for Equal Opportunities Monitoring. The questionnaire will be detached from your application form on receipt and the selection panel will not have access to it.

Thank you for your co-operation in completing this questionnaire.