**EXTERNAL EXAMINER/ ASSESSOR FEE CLAIM FORM**

Claims forms should be submitted electronically to [academicquality@staffs.ac.uk](mailto:academicquality@staffs.ac.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Forename(s): |  | | | | | | | Surname: |  | | | | | | | | |
| Date of Birth: |  |  |  |  |  | |  | National Insurance Number: |  |  |  |  |  |  |  |  |  |
| Staffordshire University School: | | | | | |  | | | | | | | | | | | |
| Academic Session/Year: | | | | | |  | | | | | | | | | | | |

**Standard Annual Fee for this Academic Session**

|  |  |
| --- | --- |
| Module External Examiner | Award External Examiner |
|  |  |
| **£** | **£** |

|  |  |
| --- | --- |
| External Examiner Mentor | External Assessor (Apprenticeship EPA) |
|  |  |
| **£** | *Complete below as appropriate* |

**Additional/Specific Fees**

**Visits to UK Partners/Practice Settings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Partner/Practice Setting** | **Purpose of Visit** | **Date of Visit** | **Fee** |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |

**Visits to International Partners**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Partner** | **Dates of Visit (from-to)** | **No. of Working Days** | **Fee** |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |

|  |  |
| --- | --- |
| **Total Fee** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:**  ***External Examiner /Assessor*** |  | **Date:** |  |

Please submit scanned copy of form with handwritten signature or insert electronic version (eg jpeg image)

|  |  |
| --- | --- |
| **Office Use Only** | **International Partner(s)**  **(if applicable)** |

**Payment will be made to the bank details submitted in your personal details pack.**

**A pay advice will be sent to your home address as notified in the same pack.**

**If these details have changed, please update as applicable below:**

**CHANGE OF DETAILS**

|  |  |
| --- | --- |
| Full Name |  |
| National Insurance Number |  |

**New Address: *(only complete if this has changed)***

|  |  |
| --- | --- |
| Home Address |  |
| Telephone Number |  |
| Email Address |  |

**New Bank Details: *(only complete if these have changed)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Bank/Building Society |  | | | | | | | |
| Branch Address |  | | | | | | | |
| Sort-code |  |  | **-** |  |  | **-** |  |  |
| Account Number |  |  |  |  |  |  |  |  |
| Roll No (if applicable) |  | | | | | | | |