# **Conditions relating to the appointment or re-appointment of External Examiners**

* The appointment is for up to 4 years. Appointments normally commence 1st September of the year specified in the letter of invitation.
* The fee specified in the letter of invitation is the total amount payable and cannot be varied in individual cases for those who have registered for VAT, etc.
* Payment of fees is conditional on the receipt of written reports annually and at the end of term of office.
* In accordance with discussions at national level between HEIs and the Inland Revenue, income tax will be deducted in line with statutory regulations prior to payment.
* TEC Partnership will meet reasonable expenses incurred by examiners in carrying out their duties**. Unless there are special circumstances, travel expenses should be based on the return rail fare.**

I **<<Name>>** am / am not willing to act as External Examiner

for the programme **<<title>>** within the curriculum area of HE Education & Social Science / HE Health and Care Industries / HE Business / HE Creative & Digital

🔾 The appointment is for up to FOUR years 🔾 A ONE year extension to my current contract

Commencing on **1st September 20xx** on the conditions laid down by the TEC Partnership regarding payment of fees and expenses.

Home address:

Email address:

THE FOLLOWING INFORMATION IS MANDATORY requested by Her Majesty’s Revenue & Customs:

**Gender**: Male 🔾 Female 🔾 Transgender 🔾 **Date of Birth**: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_

**National Insurance Number** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_

All fee and expense payments are made by BACS, to facilitate this please supply:

Bank Name & Branch ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Account no: \_\_\_\_\_\_\_\_\_\_\_\_ Roll no: (if Bldg soc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I am eligible to work in the UK without restriction

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_

**Please complete and return this slip as soon as possible to the address below, failure to do so will delay payment.**

Group Academic Registrar

HE Quality and Standards

TEC Partnership

Nuns Corner

Grimsby, DN34 5BQ