|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A close up of a logo  Description automatically generated | | **Human Resources**  **Invigilator Claim Form** | | | | | |
| **CURRENT YEAR: 1 October 2024 to 31 August 2025** | | | | | | | |
| ***Please note:* An Invigilator Application Pack with Right to Work Check must have been completed for the current period (up to 31 August 2025) before undertaking any work and submitting a claim.**  ***Self-employed individuals are exempt from a Right to Work Check unless they hold a sponsored work visa. Self-employed status must have been determined before the work has been undertaken and declared on the Invigilator Application Pack.*** | | | | | | | |
| **Personal Details** | | | | | | | |
| **Surname** |  | | | **Title** | | Dr  Mr  Mrs | Miss  Ms  Mx |
| **Full Forename(s)** |  | | | | | | |
| **Full Postal Address** |  | | | | | | |
| **Contact Telephone Number** |  | | | | | | |
| **Contact Email Address** |  | | | | | | |
| **Date of Birth** |  | | | | | | |
| **National Insurance Number** |  | | | | | | |
| **Bank Details / HMRC Information** | | | | | | | |
| **Q1. Is this your first claim?** | | | Yes  *Please enter your bank details in the section below.* | | No  *Please go to Q2.* | | |
| **Q2. Have your bank details changed from those stated on your previous claim form?** | | | Yes  *Please enter your bank details in the section below.* | | No  *Please move on to the work details section.* | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please complete the following details to enable payment to your bank or building society account. Incorrect details could delay payment for any claim forms submitted. | | | | | |
| **Bank/Building Society Name** | |  | | | |
| **Bank/Building Society Postal Address** | |  | | | |
| **Bank Sort Code** | |  | | | |
| **Bank Account Number** | |  | | | |
| **Account Name** | |  | | | |
| **Roll Number with Building Society (if applicable)** | |  | | | |
| **Foreign Account Details (if applicable)** | | | | | |
| **SWIFT/BIC Number** | |  | | | |
| **IBAN or Account Number** | |  | | | |
| **Routing Number (if required)** | |  | | | |
| **Any details relating to an Intermediary Bank** | |  | | | |
| **Does the bank accept GBP transfers?** | | | Yes | No | |
| The University needs the following information to tell HMRC about you and help them use the correct tax code. Please complete the details below.  Please select only one of the following statements, A, B or C. | | | | | |
| **A** | This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension. | | | |  |
| **B** | This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. | | | |  |
| **C** | As well as my new job, I have another job or receive a State or Occupational Pension. | | | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Details** | | | | | | | | | |
| **Start Date of Invigilation Work** | |  | | | | | | | |
| **End Date of Invigilation Work** | |  | | | | | | | |
| **School/Service** | |  | | | | | | | |
| **Total hours worked**  *(Payable at Grade 3, Point 7)* | |  | | **Hours** | |  | | **Minutes** | |
| **Declaration** | | | | | | | | | |
| I confirm that I have completed the Invigilator Application Pack and undertaken a right to work check before commencing any work  **Or**  I confirm that I have completed the Invigilator Application Pack. A right to work check was not required as I am a self-employed individual who does not hold either a Student visa or sponsored work visa. | | | | | | | | |  |
|  |
| I agree that for the purposes of current data protection legislation the information given may be recorded and processed by the University of Huddersfield for the purposes of HR/Employee Administration. | | | | | | | | |  |
| I confirm that the information I’ve given on this form is correct. | | | | | | | | |  |
| **Claimant’s Full Name** | | |  | | | | | | |
| **Claimant’s Signature** | | |  | | | | | | |
| **Date** | | |  | | | | | | |
| **If this is your last claim, then please tick here** | | | | | | | | |  |
| **Please use this section to provide any notes:** | | | | | | | | | |
| **FOR COMPLETION BY SCHOOL/SERVICE** | | | | | | | | | |
| I authorise payment as claimed above and certify that the amounts are in accordance with the terms of engagement. | | | | | | | | |  |
| I also certify that a right to work check has been undertaken, by a University employee, prior to any work commencing and have provided a copy of that check with this form.  **Or**  It has been determined that this individual is self-employed, they do not hold a sponsored work visa and are not a Student visa holder, therefore a right to work check is not required. | | | | | | | | |  |
|  |
| **Cost Centre Manager/ Delegate Signature** |  | | | | | | | | |
| **Full Name** |  | | | | | | | | |
| **Date** |  | | | | | | | | |
| **Telephone Number** |  | | | | | | | | |
| **Nominal & Cost Centre** |  | | | | **Amount** | |  | | |
| Once complete, the School/Service contact should email the paperwork to [**Payroll@hud.ac.uk**](mailto:Payroll@hud.ac.uk) | | | | | | | | | |