**Specialist Visiting Lecturer Information**

To be completed by SVL claimants

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| **Section 1 - Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | **First name** | | | | | | | | **Other names** | | | | | | | | | | | | | | | **Surname** | | | | | | | | | | | | | |
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| **Address and post code** |  | | | | | | | | | | | | | | | | | | | | **Contact Details** | | | | | | | | | | | | | | | | |
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| **Date of Birth** | | | | | | D | | D | | | M | | | M | | | | Y | | Y | |  | | | | | | | | | |  | | | | | |
| **Worker ID No (if known)** | | | | | |  | |  | | |  | | |  | | | |  | |  | |  | | | | | | | | | |  | | | | | |
| **National Insurance number** | | | | | |  | |  | | |  | | |  | | | |  | |  | |  | | |  | | | |  | |  | | | | | | |
| Information you provide will be used to create a record on the HR/Payroll system and to enable claims for payment to be processed. The information will be treated as confidential and will be processed in accordance with the Data Protection Act 1998. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2 - Payment Details - If this is your first claim please complete this section OR if you wish to amend your current bank and tax code details.**  **If this is not your first claim and your bank details have not changed please tick here** 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bank/Building Society name** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch** | | |  | | | | | | | | | | | | | **Account name** | | | | | | |  | | | | | | | | | | | | | | |
| **Account number** | | |  |  |  | |  | | |  | | |  | |  | |  | | **Sort code** | | | | | | | |  | | |  | **-** | |  |  | **-** |  |  |
| **Roll number (Building Society A/C ONLY)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your Present Circumstances (Tax code/tick one box)** | | This is my first job since last 6 April and I have not been receiving taxable Jobseekers Allowance or taxable Incapacity Benefit or a state or occupational Pension. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | A 🞏 | | | | | | |
|  | | This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | B 🞏 | | | | | | |
|  | | I have another job or receive a state or occupational pension | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | C 🞏 | | | | | | |
|  | | I am requesting that my earnings are taxed at the higher rate tax code (D0) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 40% 🞏 | | | | | | |
|  | | I confirm that this information is correct and I give my consent for the University to record and process this information for the purposes stated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signed** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | |  | | | | | | |
| Please complete details of your claim on the reverse of this form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Directorate or Faculty Contact Name (Print)** |  | **🕿** |  |
|  | I confirm I have checked evidence of this individual's eligibility to work in the UK before any work was undertaken. (e.g. original passport or long birth certificate together with evidence of NI number). Please contact HR for advice if any other documents are presented. | | |
| **Directorate or Faculty Contact Signature** |  |  | |

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| **Section 3 - Claim Details** | | | | | | | | | | |
| **Brief Description of Work** |  | | | | | | |  | | |
| **Fee (includes holiday pay)** |  | | | | | | | **Date(s)worked** | |  |
| **Subsistence** |  | | | | | | |  | | £ |
| **Travel** |  | | | | | | |  | | £ |
| **Mileage** | From | | | To | | | No of Miles |  | | £ |
| **Other** |  | | | | | | |  | | £ |
|  | **TOTAL EXPENSES CLAIMED** | | | | | | |  | | £ |
| **Please ensure that claims are submitted within three months of when the work was carried out.**  **To be completed by Head of Department or Nominee:** | | | | | | | | | | |
| **Name (Print)** |  | | | | | | | | | |
| **Signature** |  | | | | | | | | | |
| **Cost Code** |  |  |  | |  | **Date** | | |  | |

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| **HR USE ONLY** | |
| **Core ID** |  |
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