**External Examiner Personal Details Form**

Please complete this form and return to us. The form will be securely retained by our Human Resources department.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | First Name(s) | | | | | Surname | | | | | |
|  |  | | | | |  | | | | | |
| Full Address and Postcode | | | | | | | | | | | |
|  | | | | | | | | | | | |
| National Insurance Number | |  |  |  |  | |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth (DD/MM/YY) |  |  |  | |  |  | |  |
| *\*Payments cannot proceed without a National Insurance Number, D.O.B or Bank details* | | | | | | | | |
| Gender (please indicate by circling the correct option) | | Female | | Male | | | Unspecified | |

|  |  |
| --- | --- |
| Tenure Start Date | Tenure End Date |
|  |  |

**Bank Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Account Payee Name |  | | | | | |
| Bank/ Building Society Sort Code |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank/ Building Society Account Number |  |  |  |  |  |  |  |  |
| Building Society Roll Number |  | | | | | | | |

**Ethnic Origin**

*Please tick the box that best describes your ethnic origin*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 11 | White-British |  | 33 | Asian or Asian British – Bangladeshi |  |
| 12 | White-Irish |  | 34 | Chinese |  |
| 19 | Other White Background |  | 39 | Other Asian Background |  |
| 21 | Black or Black British – Caribbean |  | 41 | Mixed White and Black Caribbean |  |
| 22 | Black or Black British – African |  | 42 | Mixed White and Black African |  |
| 29 | Other black background |  | 43 | Mixed White and Asian |  |
| 31 | Asian or Asian British – Indian |  | 49 | Other Mixed Background |  |
| 32 | Asian or Asian British – Pakistani |  | 80 | Other Mixed Background |  |

The Disability Discrimination Act defines disability as a mental or physical impairment, which has substantial and long term adverse effect on a person’s ability to carry out normal day to day activities. ***Based on this definition, do you consider yourself to have a disability?***

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | If yes please indicate nature of disability |  |

**Under the Data Protection Act 1998, information relating to racial or ethnic origin and health is classified as ‘sensitive personal data’. The University uses this data for internal statistical analysis of the staff profile to monitor the achievement of the University’s aim to ‘employ staff from the whole community’. The University is also required to disclose this data to the Higher Education Statistics Agency (HESA) for the analysis of Higher Education staff statistics and to enable them to carry out statutory functions as applicable. I confirm that I give explicit consent for the University to process the above personal data in accordance with the Data Protection legislation for the purpose stated.**