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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact details | | | | | | | | | | | |
| First name | **First name** | | | | | Surname | | | **Surname** | | |
| Title | Title | | | Middle names | | | | | Middle names | | |
| Full contact address | Address | | | | | | | | | | |
| Postcode | Postcode | | | | | | | | | | |
| Country of residence | Country | | | | Nationality | | | | | Nationality | |
| Mobile number | Mobile | | | | Alternative phone number | | | | | Other phone (optional) | |
| Email address | Email address | | | | | | | | | | |
| Date of birth | Day | | Month | | | | Year | | | | |
| Payment details | | | | | | | | | | | |
| PPS number[[1]](#footnote-1) (if known) | | PPS number | | | | | | | | | |
| Bank account name | | Acc name | | | | | | | | | |
| Bank account number | | Acc number | | | | | | Sort code | | | Sort code |
| IBAN number | | IBAN | | | | | | | | | |
| BIC code | | BIC | | | | | | | | | |
| Bank name | | Bank name | | | | | | | | | |
| Bank address | | Bank address | | | | | | | | | |
| Consent | | | | | | | | | | | |
| By completing this form, and emailing it to NCAD, I agree to NCAD using and storing the information contained on this form for the purpose of remunerating me for my work for NCAD. | | | | | | | | | | | |
| Full name | | Full name, consent to use information | | | | | | | | | |

**PLEASE SEND COMPLETED FORM TO:**

**Kilian O’Callaghan, External Examiner Co-ordinator:** [**ocallaghan@staff.ncad.ie**](mailto:ocallaghan@staff.ncad.ie)

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| NCAD use only | | | | | | | |
| Head of School authorisation | | | | | | | |
| School | | School | | Cost Centre | Cost centre | | |
| Head of School | | Head of School | | Date | Date | | |
| By completing this section, and sending the completed form to the External Examiner Co-ordinator, I confirm that the external examiner above has been approved by ACCE at UCD and Academic Council at NCAD to extern the following area, within the budget constraints of the nominated cost centre. | | | | | | | |
| Department | Name of Dept (if appropriate) | | | Programmes | Name of programmes | | |
| What levels are the programmes this external examiner externing? | | | | | Select level of programme | | |
| HR Payroll processing | | | | | | | |
| HR input and checked by | | | HR staff member | | | Date | Date |
| Payroll input and checked by | | | Payroll staff member | | | Date | Date |

1. Personal Public Service number, supplied by [Department of Employment Affairs and Social Protection](https://www.gov.ie/en/service/12e6de-get-a-personal-public-service-pps-number/), compulsory for Irish residents. Contact [ocallaghank@staff.ncad.ie](mailto:ocallaghank@staff.ncad.ie) if you wish to apply for a PPS number. [↑](#footnote-ref-1)