

### **Claiming Expenses for Specialty Recruitment (Candidates only)**

The attached claim form is for the purpose of claiming expenses incurred through attendance at an interview hosted by Health Education Yorkshire and the Humber. Prior to completing your form it is critical that you have read and understood the following document in full to ensure your expense claim is dealt with correctly and efficiently. You will find your expenses claim form enclosed within this document.

Please note:

1. All claim forms must be returned within **3 months** of the interview date. Claim forms received after this date will NOT be processed.
2. Ensure that you post your completed form to the correct office within Health Education Yorkshire and Humber (determined by the specialty of your interview). A full list of specialties and the office they correspond to can be found overleaf.
3. Receipts must be attached for all travel and subsistence claimed except mileage. No claims will be paid unless they are supported by receipts. If a public transport fare or parking cost is being claimed, the trouble must be taken to obtain a receipt or the ticket must be withheld. If for some reason you are unable to show proof of payment, an explanation must be given in writing.
4. Mileage is paid at 24p per mile (Public Transport Rate)
5. Travel will only be reimbursed where standard class or cheapest available method of transport has been used.
6. Candidates are expected to take public transport where possible. Taxi fares will only be reimbursed from/to train stations etc. and not from candidates home to the venue and must be accompanied by a receipt.
7. Candidates need to state time of journeys etc in order to claim subsistence.
8. Accommodation claims are only considered if the candidate cannot reasonably be expected to travel on the morning of the assessment. The maximum allowed is £55. Meals allowance per 24 hour period is £20; lunch allowance £5.
9. Expenses are payable from point of entry into the UK to the place of assessment.

**Please note, Health Education Yorkshire and the Humber are not responsible for any claims relating to any pre-interview visits organised by candidates.**

## **Posting your Expenses Form**

In order to deliver services over a large geographical area, three offices exist under Health Education Yorkshire and the Humber. A complete list of the specialties dealt with by each office may be found below. In order to improve the efficiency of our reimbursement process, please ensure that you post your completed claim form to the appropriate office. Forms sent by email will not be accepted.

### **Postal Address**

Health Education Yorkshire  
and the Humber (Sheffield Office)  
Ground Floor,  
Don Valley House,  
Savile Street East,  
Sheffield  
S4 7UQ

#### **For the below specialties:**

- Acute Medicine
- Broad Based Training
- Cardiovascular Medicine
- Chemical Pathology
- Clinical Genetics
- Clinical Neurophysiology
- Clinical Oncology
- Core Medical Training
- Dermatology
- Diabetes & Endocrinology
- Emergency Medicine
- Gastroenterology
- Geriatric Medicine
- GU Med
- Haematology
- Histopathology
- Immunology
- Infectious Diseases
- Medical Microbiology
- Medical Oncology
- Metabolic Medicine
- Neurology
- Neurosurgery
- Obstetrics & Gynaecology
- Occupational Medicine
- Paediatrics
- Palliative Medicine
- Rehabilitation Medicine
- Renal Medicine
- Respiratory Medicine
- Rheumatology
- Sports & Exercise Medicine

### **Postal Address**

Health Education Yorkshire  
and the Humber (Leeds Office)  
Willow Terrace Road  
University of Leeds  
Leeds  
LS2 9JT

#### **For the below specialties:**

- Anaesthetics
- Core Surgical Training
- Cardiothoracic Surgery
- General Surgery
- Oral & Maxillofacial Surgery (OMFS)
- Otolaryngology (ENT)
- Paediatric Surgery
- Plastic Surgery
- Radiology
- Trauma and Orthopaedics
- Urology
- Vascular Surgery

### **Postal Address**

Health Education Yorkshire  
and the Humber (Hull Office)  
Ground Floor  
Block A  
Willerby Hill Business Park  
Willerby  
Hull  
HU10 6FE

#### **For the below specialties:**

- ACCS Emergency Medicine
- Child & Adolescent Psychiatry
- Core Psychiatry
- General Adult Psychiatry
- General Adult Psychiatry and Psychotherapy
- General Adult Psychiatry and Old Age Psychiatry
- General Practice
- Old Age Psychiatry
- Psychiatry of Learning Disability

# INVOICE

Please Type or complete in BLOCK CAPITALS

Title	
First Name	
Middle Initial	
Surname	
Address Line 1	
Address Line 2	
Address Line 3	
Town/City	
Post Code	

Invoice Number	(completed by LETB)						
Invoice Date			/			/	
PO Number							
FAO							

Please return your claim to the locality office who are managing your specialty  
(ensure that you refer to the guidance document attached):

**Health Education Yorkshire  
and the Humber (Sheffield Office)**  
Ground Floor,  
Don Valley House,  
Savile Street East,  
Sheffield  
S4 7UQ

**Health Education Yorkshire  
and the Humber (Leeds Office)**  
Willow Terrace Road  
University of Leeds  
Leeds  
LS2 9JT

**Health Education Yorkshire  
and the Humber (Hull Office)**  
Ground Floor  
Block A  
Willerby Hill Business Park  
Willerby  
Hull  
HU10 6FE

BANK ACCOUNT NUMBER	BANK ACCOUNT SORT CODE	BANK ACCOUNT NAME	SWIFT CODE (OVERSEAS ONLY)	E-MAIL ADDRESS FOR REMITTANCE ADVICE

**NOTE: PLEASE ENSURE BANK DETAILS ARE ENTERED. FAILURE TO ENTER THESE DETAILS WILL RESULT IN PAYMENT DELAYS.**

<b>Total Value of the Claim</b>	<b>£</b>
---------------------------------	----------

Please fill in the breakdown of the claim on the following page

# Details of the claim

Travel Expenses		
Start Location:		Finish Location:
Public Transport	Mode of transport: <i>(Receipts must be attached)</i>	£
Private Transport	Total Number of Miles: _____ @ 24p per mile <i>(Mileage will be calculated at quickest route)</i>	£
Passengers <i>(Reimbursed at 5p per mile per passenger)</i>	Name(s) of passenger(s): _____ Total miles travelled with passenger _____ <i>(Passengers must be travelling to same event &amp; also entitled to reimbursement of travel expenses by the Deanery)</i>	£
Subsistence	<i>Accommodation Expenditure</i>	£
	<i>Meal Expenditure</i>	£
Other Expenses	<i>Please specify below:</i>	£

## DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS)

Where there is no receipt a full written explanation must be attached  
Please read the guidance notes you obtained along with this claim form very carefully.  
The Deanery reserves the right to reimburse the cheapest option wherever relevant.

EVENT/ACTIVITY		
LOCATION		
ROLE		
DATE(S)	From:	To:

Resource Fee / Backfill / Course Fee	Amount Claimed
Resource Fee /Backfill Payment/Course Fee	£

**Claimant Declaration:** I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes.

Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Certification of Attendance:** I have checked this claim and am satisfied that the claimant attended the event according to the information given and that the Total claimed is correct.

Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This form then needs to be returned to the LETB for authorisation before submission to SBS**

Authorised By  Name:  Position:  Department:  Contact Number:  Signed: _____ Date: _____
--