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| **Request for payment of Expert by Experience (HONORARIUM)** |

**Please be aware that honorarium payments count as income so if your total income in any one financial year (excluding DWP benefits) exceeds £1000 you will be liable for HMRC self-assessment.**

**Please submit your form within 3 months after the activity has taken place. We may not be able to honour submissions after that time.**

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| **Participant’s Details:** | |
| **Name:** |  |
| **Home Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Service/Team where deployed:** |  |
| **Participant’s Payment Details:** | |
| **Bank:** |  |
| **Account Holder:** |  |
| **Account Number:** |  |
| **Sort Code:** |  |
| **Assignment Name/Description:** | **Date and sessions in month**  **(One date per line)** |
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| **Allowance (expenses / Travel): \*\*** |  |
| **Authorisation:** | |
| **Participant’s Signature:** |  |
| **Date Signed:** |  |
| **FOLLOWING TO BE COMPLETED BY SUPPORT TEAM:** | |
| |  |  | | --- | --- | | **HONORARIUM RATES AGREED:** | | | **TOTAL DAY VALUE:**  For guidance on Honorarium rates see relevant Patient & Carer Involvement (*“Lived Experience Partners”)* Recognition and RewardStandard Operational Procedure |  | | **AMOUNT PAYABLE:** |  | |  | | | |
| **Manager Signature:** |  |
| **Date Signed:** |  |
| **Finance Code:**  ***(To be added by authorising manager)*** |  |

\*\* NB We can reimburse you at 45p per mile if you travel by **car**. If you are taking other people to the same event, we can pay 5p extra per mile for every extra person in the car. We can reimburse **train** fare only if is agreed in advance so please contact us first before travelling by train.

If the only option you have is to use a **taxi** please contact us first and if agreed, we will arrange this.