FAO: The College of Psychiatrists of Ireland

5 Herbert Street

Dublin 2

19th May 2023

**INVOICE**

**BST CFME Clinical Examination – 19th May 2023**

**ALL Events Payment**

The College of Psychiatrists of Ireland (CPsychI) makes payments to its members for certain duties (e.g. Examiners, ARP Panel Members, Course Providers).

These duties may be carried out during hours described as either Category (A) or Category (B) below.

* Category (A): In order to claim payment, an invoice must be submitted confirming that the duties were **not** conducted during normal working hours or protected educational time (i.e. they were carried out outside of normal working time or during annual leave).
* Category (B): If a College member is able to carry out these duties during protected educational time or through the support of their employer they are not required to have taken leave and should **not** submit a claim form to CPsychI.

***Please complete the table below in full [some components may fall into Category (A) above while others may fall into Category (B) above]. Only the boxes for Category (A) should be ticked & claimed.***

 **component: Category (a)**

* 1 full day of Examining (CFME) - 19th May 2023 □ €300

***I confirm that by ticking the Category A box above, I am certifying that I carried out this work under Category A time as described above.***

***NAME (in block capitals):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Personal Details (please complete and return if you have not submitted payment details previously)***

*Payable to:*

Account Name & address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIC Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this claim form within 4 weeks of the date the activity took place.  Unfortunately the College of Psychiatrists of Ireland are unable to pay claims which are submitted outside that timeframe.**