

Partner Name:

Partner Role/s: (tick all applicable roles)

Panel Chair Panel Member Registration Assessor Legal Assessor Visitor CPD Assessor

Agreement Date: From

То

Name of Employer:

Address of Employer:

Telephone No:

Email address:

L

, agree for

to invoice HCPC for

my service fees in relation to the role/s stated above.

Please provide company bank details to enable payments to be made via BACS.

Name of Account: Account Number:

Name of Bank:

Your employer will need to invoice the HCPC to receive payment for your services. . Please send all invoices to finance@hcpc-uk.org .

This authorisation will cease to be valid if the partner ceases to be in your employment and will automatically renew if the partner's agreement is extended.

The partner may end their agreement in writing at any time.

Signed:

Date:

Sort Code: