



**University consultancy approval form**

This application is submitted and may be approved subject to the provisions of Part B of the [Employment Conditions Procedure – Additional Employment and University Consultancies](#).

EMPLOYEE INFORMATION	
Employee name	
Employee number	
Faculty/Division/Centre	
School/Unit	
Email	
Full/part time/casual	
Classification	
CONSULTANCY DETAILS	
Details of proposed activity (with attachment if appropriate of background copy documents such as project proposals and communications):	

### OUTSIDE PARTY DETAILS

Provide details of the outside party with whom or for whom the activity is to be undertaken:

Name	
Address	
Contact person	
Contact telephone	

### DETAILS OF INTERNAL PARTIES

Provide details of any Charles Sturt University staff and/or students involved:

### WORKLOAD ARRANGEMENTS (TEACHING AND PROFESSIONAL WORK FUNCTION ONLY)

Provide details of the Head of School's determination under the Professional Activity Workload Guidelines as to whether the applicants participation in the outside professional activity the subject of this application will be:

- Outside workload
- Within workload
- Mixture of outside and within workload (specify details):

### PROFESSIONAL PRACTICE (PROFESSIONAL ACCREDITATION REQUIREMENTS)

Professional accreditation body	
What is required to achieve/maintain accreditation:	
Name and address of the organisation in which the professional practice will be undertaken:	
Commencement and completion dates for the professional practice	
Number of days per week to be worked in that period:	
Number of hours per day to be worked in that period:	



**DETAILS OF UNIVERSITY RESOURCES AND FACILITIES**

Provide details of the University resources and facilities to be used.

**EMPLOYEE SIGNATURE**

I acknowledge that I have read and understood the [Employment Conditions Procedure – Additional Employment and University Consultancies](#) and that the above application is made subject to and in accordance with that procedure.

Signature:

Date:

**ATTACHMENTS**

Budget tool

Other supporting documents (e.g. project proposal, draft agreement, etc).



**FOR COMPLETION BY THE SUPERVISOR**

Supervisor name

I have considered the above application against the provisions of the [Employment Conditions Procedure – Additional Employment and University Consultancies](#) and:

support the application

do not support the application

Signature

Date

**BAND 7 RECOMMENDATION (IF REQUIRED)**

Name

I have considered the above application against the provisions of the [Employment Conditions Procedure – Additional Employment and University Consultancies](#) and:

support the application

do not support the application

Signature

Date

**DELEGATED OFFICER APPROVAL**

Name

I have considered the above application against the provisions of the [Employment Conditions Procedure – Additional Employment and University Consultancies](#) and:

approve the application

do not approve the application

Signature

Date

