

APPLICATION AND APPROVAL FORM FOR NON RESEARCH OUTSIDE PROFESSIONAL ACTIVITIES

This application is submitted and may be approved subject to the provisions of the CSU Outside Professional Activities Policy ("the Policy").

The policy can be found at <https://policy.csu.edu.au/view.current.php?id=00248>

This application is for a: (tick one)

- University outside professional activity
or
 Private outside professional activity

PART A - Applicable to both University and Private outside professional activities

| | | | |
|---------------------------------------|-------------|------------------------|--|
| Section 1 – Applicant Details: | | | |
| Title: | First Name: | Last Name: | |
| Staff number: | | | |
| Faculty/Division/Centre: | | | |
| School/Unit: | | | |
| Email: | | | |
| Telephone: | | Full/part time/casual: | |
| Classification: | | | |

Section 2 – Details of proposed outside professional activity (with attachment if appropriate of background copy documents such as project proposals and communications):

Section 3 – Details of any outside party with whom or for whom the activity is to be undertaken or details of business if self employed:

Name:

Address:

Contact Person:

Contact telephone:

Section 4 – Details of any proposed involvement of other CSU staff and/or students (see Parts J and K of the Policy)

Section 5 – Estimated time to complete the activity and the time period for which approval is sought (re-application will be necessary if the activity is not completed within the approved time period):

Section 6 – Workload Arrangements

If this application is submitted by a member of academic staff who is classified as having a Teaching and Professional work function please provide details of the determination separately made by the applicant's Head of School 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
- Partly outside and partly within workload (please specify details below)

| | |
|---|--|
| Section 7 – Professional Practice – (where practice or staff development is required for professional accreditation as referred to in clause 25 of the Policy) | |
| 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: | |

PART B - Applicable only to University outside professional activities

| |
|--|
| Section 8 – Details of the CSU resources and facilities to be used for the outside professional activity (under clause 12 of the Policy, CSU resources and facilities other than CSU clinics and businesses may not be used for private outside professional activities): |
| |

PART C - Applicable only to private outside professional activities

Section 9 – Release and Indemnity– In consideration of CSU approval of this application and by signing this Application the applicant acknowledges and agrees that CSU is not in any way directly or indirectly responsible for the private outside activity the subject of this application and that the applicant has no claim now or in the future arising from that activity for any injury, accident, death or loss or damage to property suffered by the applicant or by any other person for whom the applicant is responsible and the applicant by signing this application hereby releases and indemnifies CSU from and against any such liability or claim.

PART D – Signature by the Applicant

I acknowledge that I have read and understood the CSU Outside Professional Activities Policy and that the above application is made subject to and in accordance with that Policy

Signature of Applicant

Date

PART E - Attachments for University outside professional activity applications:

- (a) Budget – as per clause 64 of the Policy;
- (b) Copies of other supporting documents (e.g. Project Proposal, email or other communications, draft Agreement):
 - (i)
 - (ii)

PART F - Attachments for Private outside professional activity applications:

- (a) Evidence of Insurance cover – as per clause 37(b)(i) of the Policy;
- (b) Evidence of Notification of CSU non responsibility – as per clause 37(b)(iii) of the Policy;
- (c) Written consents and approvals as required by parts J & K regarding the participation of other CSU staff and/or CSU students; and
- (d) Other supporting documents:
 - (i)
 - (ii)
- (e) Written comments or suggestions, if any, by the CSU Division of Human Resources – to be attached to this Application by the Supervisor as referred to in clauses 37(c) and 55(a) of the Policy.

PART G – Recommendation by Supervisor

| | | |
|---|-------------|------------|
| Supervisor Details | | |
| Title: | First Name: | Last Name: |
| Faculty/Division/Centre: | | |
| School/Unit: | | |
| <p>I have considered the above application against the provisions of the CSU Outside Professional Activities Policy and in particular against the relevant Approval Criteria in Part N of the Policy and I recommend:</p> <p><input type="checkbox"/> That the application be approved or <input type="checkbox"/> That the application not be approved</p> | | |
| Supervisor signature | | Date |

PART H - Recommendation by Executive Dean/Executive Director/Centre Director

| | | |
|---|-------------|------------|
| Title: | First Name: | Last Name: |
| Faculty/Division/Centre: | | |
| <p>I have considered the above application against the provisions of the CSU Outside Professional Activities policy and in particular against the relevant Approval Criteria in Part N of the Policy and I recommend:</p> <p><input type="checkbox"/> That the application be approved or <input type="checkbox"/> That the application not be approved</p> | | |
| Signature of Executive Dean/Executive Director/Centre Director | | Date |

PART I - Approval or Non Approval by Delegated Officer authorised under part L of the Policy

I have considered the above application against the provisions of the CSU Outside professional Activities policy and in particular against the relevant Approval Criteria in Part N of the Policy and I:

Approve the application

or

Do not approve the application

Signature of Delegated Officer

Date

Table of amendments

| Version number | Date | Short description of amendment |
|-----------------------|-------------|---|
| 2.0 | 7/09/15 | Amendments made to all references to clauses from the old policy clause numbering – updated to new numbering to match with the policy library. Staff number field added. |