UNIVERSITY OF MANCHESTER

Application to Undertake New Consultancy or other Outside Work Form

Members of staff wishing to undertake consultancy or other work for outside bodies for which formal approval is required must complete this form. They must contact their Research Development Manager or other appropriate administrator for assistance with completion and for guidance on the policy on any contractual terms that may apply. These forms are to be retained in the School, but will be subject to inspection by the University’s auditors.

Staff may also have to make a separate entry in their School’s Register of Interests.

|  |  |
| --- | --- |
| 1. **Full Name:** |  |
| 1. **Job Title:** |  |
| 1. **Staff No:** |  |
| 1. **Other appointments held (e.g. Warden):** |  |
| 1. **Name and address of organisation for which work will be undertaken:** |  |
| 1. **Brief description of the nature of the work and where it will be done:** |  |
| 1. **Estimated time required for the work:** |  |
| 1. **Period over which it will be undertaken:** |  |
| 1. **Please specify any University facilities to be used:** |  |
| 1. **Name and status of any University staff or students to be employed** |  |
| 1. **Proposed total fee (if any)** |  |
| 1. **Breakdown of fee** |  |
| 1. **Payment to be made to the applicant** |  |
| 1. **Individual payments to be made to staff or students (give total payments and hourly or daily rates)** |  |
| 1. **Payment for computer / equipment time** |  |
| 1. **Payment for consumable materials to be used** 2. **Other payments** |  |
| 1. **Does the work involve a University-related company? (Yes or No)** |  |
| 1. **Has suitable insurance cover been obtained? (Yes or No)** |  |
| 1. **Will the work create or exchange any intellectual property? (Yes or No)[[1]](#footnote-1)** |  |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Authorisation: See section 6.1 of the Policy on Consultancy and Outside Work for the appropriate signatory**  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Please return the form to your Head of School Administration (or equivalent officer)** | |

1. If “Yes” this issue must be discussed with the Head of School/Directorate and the appropriate UMI3 representative. [↑](#footnote-ref-1)