

PERMISSION TO UNDERTAKE PRIVATE CONSULTANCY

Please fill in all sections and return to:

Research & Enterprise Services, Whiteknights House

Section 1 Consultant details

Your name
School/Function
Department

Section 2 Project details

Subject of consultancy

Client details

Client name
Address

Dates

Start date
End date
Total number of days undertaken as private consultancy in current academic year
Value of consultancy (£)

Section 3 Declaration

In respect of the above private consultancy I confirm that I:

- a** have not identified any conflict of interest;
- b** will not use University space and/or facilities, resources or infrastructure including IT infrastructure, its crest/logo, name, address or my job title (where its use may be misconstrued), nor will I use those of the University's subsidiary companies;
- c** have advised my client that their contract is with me as a private individual and not with the University of Reading;
- d** have ensured that it does not impinge on the reputation of the University in any way;
- e** agree that all liabilities that arise from the consultancy are my own responsibility and that no liability can be attributed to the University.

Signature

Date

Section 4 Approval signatures

Head of School or Function

Signature

Date

Vice-Chancellor

Signature

Date

Distribution: VC Office to send to RES