**Research Services**

**UNIVERSITY CONSULTANCY PERMISSIONS & PAYMENT FORM**

This form is for the use of members of staff who plan to undertake University consultancy for an external client.

Please discuss with your Head of School or equivalent before completing this form.

All staff members should complete a permissions and payment form before undertaking University consultancy. This is a straight-forward way of supplying the information essential for putting contract arrangements in place, and to start off the financial process which will eventually result in raising an invoice to the customer and making a payment to you.

**No University consultancy should be undertaken without completing this form nor without a contract being in place. Please contact Research Services for help if you are in any doubt.**

For help completing the form please refer to the notes on page 2. Fill in sections 1-5 and send to [consultancy@reading.ac.uk](mailto:consultancy@reading.ac.uk)

**GUIDANCE NOTES:**

**Please click here for a worked example of the form.**

**Section 1: Consultant details**

1.1 – 1.3 Full details of the member of staff.

1.4 The University may allow staff the opportunity to embark on up to 40 days consultancy (of which a maximum of 20 days may be private) in a single academic year. You should indicate here the number of days undertaken so far for each type of consultancy in the current academic year. Please indicate if nil.

1.5 This section should be completed in the event of a joint project with other consultants in the University. Please indicate if not applicable.

**Section 2: Project details**

2.1 A short description of the consultancy work and expected deliverables should be given here. If you have a fuller description please attach it to your email. Please also include any dependencies (e.g. the consultancy work is dependent upon data being received from the client), exclusions and assumptions (e.g. price is based on the assumption of a set number of days work).

**Section 3: Dates**

3.1 – 3.3Details of known dates and number of anticipated days should be given as accurately as possible. Final dates will be agreed in the contract.

**Section 4: Client details**

4.1 – 4.5 Full details of the client (which is external to the University) are required. Fields 4.1 to 4.3 and 4.5 must be completed or a contract cannot be put in place.

**Section 5: Fees**

5.1 An indicative price using a recommended daily rate should be entered here. The pricing policy is published on the RES Consultancy webpage **but is should be stressed that this should be a minimum starting point for consultancy prices**.

5.2 The member of staff and Head of School (or equivalent) should agree the distribution of income. The member of staff should choose their preferred method of payment.

**Please complete all sections and send to:** [**consultancy@reading.ac.uk**](mailto:consultancy@reading.ac.uk) **Once work has been completed, please remember to email your Research Accounts Assistant (click** [**here**](http://www.reading.ac.uk/RES/Postawardsupport/res-researchaccounts-contacts.aspx) **for Research Accounts contact details) so that an invoice can be raised.**

**UNIVERSITY CONSULTANCY: PERMISSIONS AND PAYMENT FORM**

**Please discuss with your Head of School or equivalent before completing this form.**

**Fields highlighted in yellow are mandatory and your consultancy form cannot be processed without all highlighted fields being completed.**

**Section 1: Consultant Details**

|  |
| --- |
| **1.1** Your name: Professor J Smith |
| **1.2** Employee number: AB123456 |
| **1.3** School: School of Mathematical, Physical & Computational Sciences |

* 1. How many days consultancy have you already undertaken in this academic year? State nil for each if none:

University: 7 Private: nil

* 1. If other members of staff at the University will be involved in this consultancy please list names here (they may also need to complete their own permission form). State n/a if none:

|  |
| --- |
| Professor A  Professor B |

**Section 2: Project Details**

**2.1** Please provide a brief description of the consultancy including the expected deliverables and any dependencies, exclusions and assumptions. If you have a longer description, please email it with your form:

|  |
| --- |
| Analysis of cyclone data with a report to be submitted to the client.  Dependent on receipt of data from client, excludes analysing years prior to 2000, price has assumed that it will take five days to complete the analysis and report. |

**2.2** Please provide details of any additional expenses, consumables and materials or the use of equipment required specifically to support the consultancy. State n/a if none:

|  |
| --- |
| N/a |

**Section 3: Dates**

|  |  |
| --- | --- |
| **3.1** | Proposed start date: 1st January 2021 |
| **3.2** | End date: 31st January 2021 |
| **3.3** | Anticipated number of days: 5 |

**Section 4: Client Details**

|  |  |
| --- | --- |
| **4.1** | Name of company: ABCSystems Ltd |
| **4.2** | Address: Unit 1, New Business Park, London, AB1 2CD |
| **4.3** | Contact name: Bob Green, CEO |
| **4.4** | Telephone: 01234 567890 |
| **4.5** | Email: bob.green@abcsystems.com |

**Section 5: Fees**

|  |
| --- |
| **5.1** Indicative price (before VAT): £4,910.00 |
| * 1. Agreed division of fee (To be completed by HoS or equivalent):      1. School: 25%      2. Consultant: 75% ( of which 50% in SDA 50 % as payroll) |

**Section 6: For completion by KTC/Research Accounts**

**6.1 Admin**

|  |
| --- |
| Consultant’s name |
| Employee number |

|  |
| --- |
| **a)** Form received (date) **b)** Days logged (date) |
| **c)** Due diligence completed (date) |
| **d)** Distributed to Contracts (date) |

**6.2 Research Accounts Assistant**

|  |
| --- |
| **a)** Account code and project number |
| 1. Invoice issued (date) 2. Value £ 3. Paid (date)  * Based on number of days completed:  1. Gross amount received: 2. Distribution:    * Amount to School:    * Gross amount to be paid:      + Amount to SDA:   (Research Accounts Assistant will transfer appropriate amount into School code)   * + - Amount to Payroll: |

**Research Account Assistant: Instructions to payroll**

|  |
| --- |
| 1. Amount (to be grossed down) 2. Final payment (date)   **or**   1. Multiple payment of |

|  |
| --- |
| Research Accounts Assistant Signature |
| Print name |
| Date |

|  |
| --- |
| Research Accountant Signature |
| Print name |
| Date |

If payment is to be made through salary, RAA completes 6.2

and sends to Director of Human Resources.

Approved for payment:

Signature of Director of Human Resources

|  |
| --- |
| Signature |
| Print name |
| Date |

Once approved for payment – original to Payroll and copies to RAA and KTC.

**6.3 HR operations – Payroll**

Payroll reference

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

Date Period



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Authorisation verified

Actioned by

|  |
| --- |
| Signature |
| Print name |
| Date |