## APPROVAL of DIRECTORSHIPS, PARTNERSHIPS, BOARD MEMBERSHIPS AND TRUSTS Consultancy & Secondary Employment Policy



SECTION A: APP	LICANT DETAI	ILS								
Family Name			Given	Names						
School, Centre o	or Institute		Role/F	Position						
SECTION B: DETAILS OF THE ACTIVITY										
-	ide details of ge if required		ivity, including the name	es of all entities yc	ou may be engaged in					
	-	which the above activi mencing from Date/N	ity is expected to extend Month/Year)	d:(eg one day/weel	k/month, 12 months,					
3. Conflicts of Interests - does the engagement activity give rise to any actual, potential or perceived conflicts of interest? Yes No If Yes, attach a copy of the relevant Conflicts of Interest Disclose Form.										
4. Do you intend to use University/School/Centre/Institute resources or facilities for the activity?  Yes No If Yes, please provide details.										
5. Comments: Please provide any further comments that you may have:										
SECTION C: APP	ROVAL									
1. Applicant De	eclaration									
have read the approval prior membership or may be dealt w	University C to entering being involve	onsultancy and Seco into a partnership, a ed in the affairs of a Ti ance with my relevant	d in Section B of this A endary Employment Po accepting the directors rust, or to observe ECU t employment contract sions prescribed by the	licy. I am aware hip of a company policy, may be dee and instrument co	that failure to seek y, accepting a board emed misconduct and overing the terms and					
Signature:	Date:									
2. Relevant Line Executive										
I have reviewed is: Approv		ion and information pected	provided by the applica	nt and recommend	d that the application					
Comments:										
N1			Position:							
Name:										
Signature:			Date:							

ADMINISTRATIVE USE ONLY								
Received By		Date		Signature				