

# PERMISSION TO UNDERTAKE PRIVATE CONSULTANCY

Please fill in all sections and return to:

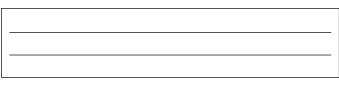
consultancy@reading.ac.uk, or RES, Whiteknights House

### 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;
- 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 of consultant

Date

## Section 4 Approval signature

#### Head of School or Function

Signature

Date

Distribution: HoS or HoF to send to RES