

# 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;
- 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 of consultant

Date

## Section 4 Approval signature

Head of School or Function

Signature

Date

Distribution: HoS or HoF to send to RES