**PRIVATE PAID OUTSIDE WORK AND PAID INSIDE WORK ACTIVITY ANNUAL REPORT**

This form must be completed by all staff who have engaged in private paid outside work (within their area of expertise) and/or paid inside work in the current calendar year.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **STAFF MEMBER DETAILS** | | | | | | | | |
| NAME: | | | STAFF CATEGORY  ⬜ Academic ⬜ Professional ⬜ Senior Staff ⬜ Other | | | | | |
| FACULTY/DIRECTORATE: | | | CAMPUS: | | | | | |
| SCHOOL/WORK UNIT: | | | TELEPHONE EXTENSION: | | | | | |
| 1. **WORK CATEGORIES AND ACTIVITIES *(Tick all that apply)*** | | | | | | | | |
| Categories:  ⬜ Private Paid Outside Work  ⬜ Paid Inside Work | | **Activities:**  ⬜ Professional Practice  ⬜ Teaching at another institution  ⬜ Directorship or Partnership | | | | ⬜ Private Consulting  ⬜ Other outside work (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **PAID OUTSIDE WORK ACTIVITY** | | | | | | | | |
| **Category of Work**  (see above) | **Outside Organisation**  (private paid outside work) **or Functional/Organisational Unit** (paid inside work) | **Nature of Work Undertaken** | | **Working with Children/Vulnerable checks undertaken** | | | **Duration of Activity**  (including to and from dates) | **University Facilities Used**  (if any approved) |
|  |  |  | | ⬜ Yes ⬜ No | | |  |  |
|  |  |  | | ⬜ Yes ⬜ No | | |  |  |
| 1. **DECLARATION BY STAFF MEMBER** | | | | | | | | |
| Total number of days engaged in approved private paid outside work and paid inside work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days.  I confirm that all private paid outside work and/or paid inside work I have undertaken has complied with relevant University policies and is consistent with the initial private paid outside work and/or paid inside work application approved by my Member of the Executive. | | | | | | | | |
| Signed: | | | | | Date: | | | |
| 1. **PRIVACY INFORMATION** | | | | | | | | |
| Please refer to the Australian Catholic University Privacy Policy located at [www.acu.edu.au](http://www.acu.edu.au) for details as to how personal information collected on this form will be used and disclosed. | | | | | | | | |
| **Please send the completed form to your nominated supervisor and relevant Member of the Executive by end November of each calendar year.** | | | | | | | | |