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| **PRIVATE PAID OUTSIDE WORK** **Application for Approval Form** |

All private paid outside work must be approved prior to the commencement of the work. This application must be completed in accordance with the provisions of the University’s Paid Outside Work Policy. Staff are required to read this policy prior to completing and submitting their application.

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| **STAFF MEMBER DETAILS** | | | | |
| NAME: | | | STAFF CATEGORY  ⬜ Academic ⬜ Professional ⬜ Senior Staff ⬜ Other | |
| FACULTY/DIRECTORATE: | | | CAMPUS: | |
| SCHOOL/WORK UNIT: | | | PHONE: | |
| **DETAILS OF PROPOSED PRIVATE PAID OUTSIDE WORK** | | | | |
| Proposed private paid outside work activity:  ⬜ Professional Practice  ⬜ Teaching at another institution | | ⬜ Directorship or Partnership  ⬜ Private Consulting | | ⬜ Other outside work (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Outside employer/organisation/professional body: | | | | |
| **Duration of activity**  Start date:  Finish date: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | Estimated time commitment required:  \_\_\_\_\_ hours per week for \_\_\_\_\_weeks | |
| Brief description of nature of work to be undertaken: | | | | |
| Does the outside work require a Working with Children/Vulnerable (WWC/V) Check?  ⬜ YES ⬜ NO If Yes, provide the following details:  The WWC/V check reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State in which WWC/V check undertaken: ⬜ NSW ⬜ Qld ⬜ ACT ⬜ Vic ⬜ SA (Police Check) ⬜ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach a copy of WWC/V check clearance from the relevant state government agency. | | | | |
| Please comment on the impact of the proposed private paid outside work on your current University work: | | | | |

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| **DECLARATION BY STAFF MEMBER** | |
| 1. I have read the ACU Paid Outside Work Policy and my application for private paid outside work complies with the requirements of this policy. 2. I agree to abide by all relevant ACU policies and guidelines, including but not limited to the University’s Code of Conduct for All Staff and Intellectual Property Policy. 3. I confirm that while I am undertaking the private paid outside work described in this form: 4. I am acting as an individual totally independent of ACU; 5. ACU has no control or direction of the private paid outside work; and 6. ACU accepts no liability whatsoever. 7. I confirm that there is no potential or actual conflict of interest between the proposed private paid outside work and my normal duties of employment. 8. I confirm that the proposed private paid outside work is not inconsistent with and does not impact on the performance of my ACU duties or impinge upon the normal operations of my organisational unit. 9. I agree to not represent myself as an agent or representative of ACU in communications associated with the proposed private paid outside work. 10. The University will be expressly and specifically dissociated from the proposed private paid outside work by my providing the standard clause set out in Appendix A in the contract with the external client. 11. The proposed private paid outside work does not compete with services otherwise provided by the University or a University company or within an area that would normally be held to be offered by the University on a commercial basis. 12. The University’s resources and facilities (including power, space and equipment) will not be used unless prior written approval is provided on the basis of full cost recovery by the University. 13. There will be no use of the University emblem, logo, letterhead, stationery, postal address, phone number, fax number, e-mail address or web address or any other information which might associate the University with the private paid outside work in any way. 14. No administrative area of the University will be requested to provide services for the private paid outside work herein described. 15. It is my responsibility to obtain any necessary professional registration. 16. I have professional indemnity insurance coverage (and I have attached appropriate documentary evidence, such as a Certificate of Currency) covering all potential damage or loss that may be sustained as the result of negligence carried out in the course of performing services in relation to the proposed private paid outside work activity and the University is indemnified against any claims. [Specific attention should be given to ensuring that the insurance coverage is adequate if the private paid outside work is delivered outside Australia.] 17. I am working through an enterprise registered for GST purposes.   The ABN number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(For Academic Staff only)*   1. The proposed private paid outside work does not interfere with my requirements for availability and undertaking my normal workload. 2. I have a full academic workload of 1595 hours (or pro rata for fractional Academic Staff). | |
| Signed: | Date: |

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| **RECOMMENDATION BY THE NOMINATED SUPERVISOR** | | |
| I have reviewed this application and:  ⬜ I am satisfied ⬜ I am not satisfied  that the proposed private outside work is in accordance with the Paid Outside Work Policy.  ⬜ I recommend ⬜ I do not recommend  this application to undertake private paid outside work. | | |
| Nominated Supervisor Name: | Nominated Supervisor Signature: | Date: |
| **APPROVAL BY MEMBER OF THE EXECUTIVE** | | |
| ⬜ I approve ⬜ I do not approve  this application to undertake private paid outside work. | | |
| Approving Officer Name: | Approving Officer Signature: | Date: |
| **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. | | |
| **RECORD KEEPING AND FILING** | | |
| * This completed and signed form will be held on the Faculty/Directorate Register for Private Paid Outside Work. * If a Working with Children/Vulnerable (WWC/V) Check has been undertaken, the form and attached check clearance must be provided to Human Resources via Service Central (using the ‘Submit Working with Children Check Clearance’). | | |

**Please submit a copy of this completed form to** [**Service Central**](https://acu.service-now.com/service_central?id=servicecentral_home) **using the general enquiry form.**

**APPENDIX A**

The following Disclaimer must be included in any contract entered into between a staff member of ACU who has been granted approval to undertake Private Paid Outside Workand the commissioning organisation or company, in order to formally disassociate the University from the work.

The form of the disclaimer will normally be as follows:

“………………………………………….. (name of staff member) is a staff member of Australian Catholic University. She/He is permitted to carry out private paid outside work to maintain contact with professional practice and contribute to the community. This private paid outside work is not associated with Australian Catholic University and the University has no legal responsibility for any claims which may arise as a result of the private paid outside work.

……………………………….. (name of staff member) is not entitled to represent herself/himself as having any actual or ostensible authority to act on behalf of the University.”

Signed: …………………………………………. Date: ………………………

(Staff member)

Contracting Party: ……………………………………………………………...

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.