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| **OUTSIDE EMPLOYMENT AND PRIVATE PRACTICE****Declaration and Approval Form** |

This form should be completed by part time and fractional staff members who are undertaking or seek to undertake part time and/or fractional employment with another organisation or undertake a Consultancy arrangement. Staff members are normally required to lodge this Declaration/Approval form prior to the commencement of the work. Staff members also need to read the ACU Code of Conduct for All Staff prior to completing and submitting this form.

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| **STAFF MEMBER DETAILS** |
| NAME: | STAFF CATEGORY⬜ Academic ⬜ Professional ⬜ Senior Staff ⬜ Other |
| FACULTY/DIRECTORATE: | CAMPUS: |
| SCHOOL/WORK UNIT: | TELEPHONE EXTENSION: |
| **DETAILS OF PROPOSED EXTERNAL PART-TIME/FRACTIONAL EMPLOYMENT OR CONSULTANCY** |
| Name of organisation/employer/Consultancy: |
| Brief description of proposed part time/fractional employment or Consultancy: |
| Start date: End date:(if applicable)  |  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | ⬜ Private Practice/Consultingand/orEmployment Type:⬜ Continuing⬜ Fixed-Term ⬜ Casual | Employment Fraction:⬜ Part time: \_\_\_\_\_\_\_\_⬜ Fractional: \_\_\_\_\_\_\_\_ |
| 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. |
| Does the proposed outside work relate to or have any impact on your current University work? ⬜ YES ⬜ NO If Yes, provide details:  |
| **Academic Staff Only**: Please advise if the proposed outside work involves undertaking teaching and/or research for another University or Institution (including a Hospital): |
| **DECLARATION BY STAFF MEMBER** |
| 1. I have read the ACU Code of Conduct for All Staff and my application for part time/fractional employment with another organisation and/or my Consultancy arrangement 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 outside work described in this form:
4. I am acting as an individual person who is totally independent of ACU;
5. ACU has no control or direction of the outside work I will be undertaking; and
6. ACU accepts no liability whatsoever.
7. I confirm that there is no potential or actual conflict of interest between the proposed outside work and my normal duties of employment.
8. I agree to give primary consideration to ACU as my employer during my contracted hours of employment;
9. I agree to advise my nominated supervisor of any changes to the arrangements outlined above.
10. I confirm that the proposed 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.
11. I agree to not represent myself as an agent or representative of ACU in communications associated with the proposed outside work.
12. The proposed outside work is not in direct opposition to or in competition with the University’s interests, business or otherwise.
13. The University’s resources and facilities (including power, space and equipment) will not be used for any work related to the proposed outside work.
14. 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 outside work in any way.
15. No administrative area of the University will be requested to provide services for the outside work herein described.

*(****For Academic Staff only****)*1. The proposed outside work does not interfere with the University’s requirements for my availability and with my undertaking my normal workload.
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| Signed: | Date: |
| **RECOMMENDATION BY THE NOMINATED SUPERVISOR** |
| I have reviewed this Request for Approval/Declaration and:⬜ I am satisfied ⬜ I am not satisfiedthat the proposed outside work is in accordance with the ACU Code of Conduct for All Staff.⬜ I recommend ⬜ I do not recommendthis Request for Approval/Declaration to undertake outside work. |
| Nominated Supervisor Name: | Nominated Supervisor Signature: | Date: |

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| **APPROVAL/ENDORSEMENT BY MEMBER OF THE EXECUTIVE** |
| ⬜ I approve ⬜ I do not approve this Application to undertake Outside Work.⬜ I endorse ⬜ I do not endorse this Declaration to undertake 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 by the Faculty/Directorate.
* If a Working with Children/Vulnerable (WWC/V) Check has been undertaken, the form and attached check clearance must be provided to People and Capability via [Service Central](https://acu.service-now.com/service_central?id=servicecentral_home) (using the ‘Submit Working with Children Check Clearance’).
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**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.**