APPLICATION FOR ADDITIONAL WORK
AND DISCLOSURE FORM

Full time academic staff members engaged on continuing and fixed-term contracts are required to seek approval for additional paid work and disclose any interest that may cause a potential conflict of interest with the University. Part time academic staff members employed on continuing and fixed-term contracts are likewise required to disclose any potential conflicts of interest.

DISCLAIMER:

The University does not accept any liability or responsibility for additional work undertaken by a staff member in a private capacity. The staff member’s attention is drawn to the University’s Code of Conduct, Intellectual Property Policy, Conflict of Interest Policy, External Work Policy and Additional Work Policy.

Title: __________  First Name: ___________________________  Surname: ___________________________

Employee No.: ___________________________  Extension: ___________________________

Email Address: ___________________________

Position: ______________________________________________

Full Time:  Y/N  Part Time:  Y/N

School/Unit: __________________________________________

Part 1.

Do you intend to undertake any additional paid work and/or unpaid work for the forthcoming academic year? Or do you have a potential conflict of interest that you wish to declare?

• Yes – go to Part 2
• No – go to Part 5
Part 2. General Disclosure of Potential Conflicts of Interest

This section provides a general disclosure of paid and unpaid work that details any potential conflict of interest with the University through outside activities. Disregard this section if you intend to list your other activities in Part 3 – Proposed Additional Paid Work.

Please list any potential conflicts of interests if applicable:

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<tr>
<th>Organisation/s:</th>
<th>Brief outline of work and your relationship with the organisation:</th>
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Does this work utilise University time and/or resources: Yes No (please circle)

APPLICATION FOR ADDITIONAL PAID WORK

A full-time academic staff member may spend up to an average of one day per week in the academic year carrying out additional work, on condition that the appropriate Dean or, where the academic staff member is not located in a School, the appropriate Deputy Vice-Chancellor’s approval has been given. The academic staff member must have a full workload as set out in his/her workload agreement.

Please refer to Clause 22 of the 2014 Academic Staff Agreement for matters pertaining to non-regulated work. The Dean or Deputy Vice-Chancellor must be satisfied that Clause 22 has been satisfactorily met prior to these activities being undertaken.

Approval is subject to satisfactory discharge of the member’s duties and responsibilities to the University (see Clause 22 of the Academic Agreement for further details)

Part 3. Proposed Additional Paid Work

Please provide a brief description of the additional paid work to be undertaken, the timeframe involved, any possible impact upon your normal work duties for the University and utilisation of University resources:

Nature of organisation: __________________________________________

Nature of Work: ______________________________________________

Estimated Timeframe: From _____________ To _____________

Does this work utilise University time and/or resources: Yes No (please circle)

Please provide supplementary information where necessary.
Part 4. Income Sharing

4.1 What was the income earned in this calendar year through approved additional work?

$ __________

4.2 What is the total expected income from this additional work or activity in this calendar year?

$ __________

4.3 Will the income for this project or the total of this project and others approved in this calendar year exceed $5,000? Yes No (please circle)

Please attach a statement detailing your proposal for income sharing (if applicable); and, your proposal for facilitating the University’s recovery of the cost of University resources utilised.

Part 5. Declaration of Applicant:

I certify that all answers/statements made in this application are true and complete. I give assurance that any outside work declared in this form will not conflict with my proper and efficient performance of duties as required by the University.

____________________________________  ________________
Applicant’s Signature  Date

Part 6. Recommendation:

____________________________________  ________________
Dean/Supervisor  Date

Part 7. Approval

1. Undertaking of Additional Work  Approved / Not Approved

2. Use of University Resources  Approved / Not Approved

____________________________________  ________________
Dean / Deputy Vice-Chancellor  Date

Office Use

Distribution

Income to Account No.: __________________________ University Levy: ________%

E/C Account No.: __________________________ Other Account No.: __________________________