

DCU CONSULTING INTERNAL APPROVAL FORM

Name:
Academic Title:
School/Centre/Unit:
Head of School:
Name of Client plus contact details of client:
Proposed duration of Consultancy:
Percentage time to be allocated to Consultancy:
Approximate consultancy contract value (excl. VAT): €

Brief description of Consultancy work to be undertaken:

- I confirm that the Consultancy work I am about to undertake with this client has been fully declared including requirements for access to University facilities, space, or equipment.
- I acknowledge and have read and understood the University policy on **Conflict of Interest**, and confirm that I have no other activities, responsibilities or ownership entitlements that might lead to a conflict of interest situation.

Signature:

Date:

Head of School (for academic staff) or Head of Department (for non-academic staff):

Date:

Executive Dean (for academic staff) or Chief Operations Officer (for non-academic staff):

Date:

COPY OF SIGNED FORM TO BE KEPT BY FACULTY OR DEPARTMENT OFFICE AND RESEARCH AND INNOVATION
SUPPORT