

**PRIVATE CONSULTING DECLARATION FORM**

<b>Name:</b>	
<b>Academic Title:</b>	
<b>School/Centre/Unit:</b>	
<b>Head of School:</b>	
<b>Name of Client:</b>	
<b>Proposed duration of Consultancy</b>	
<b>Brief description of Consultancy work to be undertaken:</b>	

- I declare that the Consultancy work I am about to undertake with this client will be conducted entirely on my own time and without recourse to any facilities, space, equipment, research data or results of the University.
- I further declare that there is no conflict of interest with DCU and that my client is aware that I am acting in an entirely private capacity and that I cannot make any representations concerning DCU intellectual property
- I understand that I am not covered under the DCU public liability and professional indemnity insurance policy.
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Signature:

Date:

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I am satisfied that [Name] is undertaking this work in an entirely private capacity and that there is no conflict with his/her contractual obligations to DCU.

Name:

Signature of Head of School/Department:

Date:

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