

CONTRACT RESEARCH / CONSULTANCY APPROVAL FORM

Macquarie University approval is required for all staff undertaking contract research or consultancies.

NOTE: Please (i) complete and sign this form, (ii) arrange for your Head of Department to sign, (iii) forward this form to your Executive Dean for signature/approval and (iv) send approved form to Consulting & Education Services Unit at Access Macquarie Limited (by email or internal post).

COMPANY NAME			
ADDRESS		CLIENT REPRESENTATIVE	
		CONTACT DETAILS	Ph: Fax: Email:
Type of Engagement	Consulting Contract Research Training <i>(Tick whichever is applicable)</i>	Funding Category <i>(Applicable only to Contract Research Engagement)</i>	Cat 2: Other Public Sector Research Income Cat 3: Industry & Other Research Income

A. PROJECT DETAILS

PROJECT TITLE			
DURATION			
PROJECT SUMMARY			
PROJECT BUDGET			
REMUNERATION DETAILS	Estimated No. of Hours		
	Period of Engagement (Dates FROM and TO)		
	Amount Payable to MQ Staff		
	Department Fee		
	AMQ Fee		
ETHICS APPROVAL	YES	NO	NOT APPLICABLE

B. PROJECT RESOURCES

PROJECT STAFF (MQ STAFF)

Name	Staff Number	Phone No	Fax No	Email	Department	Position

SCOPE OF DELIVERABLES BY PROJECT STAFF

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RESOURCE REQUIREMENTS

Is teaching relief required?	YES	NO	NOT APPLICABLE
Does the project require the purchase of equipment that would need to be accommodated within the Department and/or Faculty?	YES	NO	NOT APPLICABLE
Does the project require the use of University resources – rooms, equipment, laboratory facility?	YES	NO	NOT APPLICABLE

C. DECLARATION BY PROJECT STAFF (MQ STAFF)

- The work will NOT affect the satisfactory performance of my normal responsibilities;
- I will not use University resources without prior approval and without full compensation to the University;
- The principles of competitive neutrality are observed and a subsidised service is not provided to the other University/Department body;
- Where relevant, my activities are included in the research data collection to earn research quantum (or its equivalent) for the University;
- The activity does not harm the reputation of the University;
- The University will not have vicarious liability in any legal action;
- The activity does not create a conflict of interest for me.

I certify that the information contained in this form and in the project summary is true, complete and correct.

Signature

Date

Name

MACQUARIE UNIVERSITY APPROVAL

Head of Department	
Name	
<p>In my opinion, the outside work WILL NOT affect the performance of the staff member's normal duties at the date of this approval.</p> <p><i>I certify that I have read this form and the project summary. The proposed project can be accommodated within the general facilities of the Department and that sufficient working and office space is available for any proposed additional staff. I am prepared to have the proposed project carried out in the Department under the circumstances set out by the applicant.</i></p> <p>OR</p> <p>In my opinion, the outside work WILL affect the performance of the staff member's normal duties as follows:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>Signature: _____</p> <p>Date: _____</p>	
Executive Dean/Director	
Name	
<p>I hereby APPROVE the outside work as set out above on the following conditions:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><i>I certify that the project can be accommodated within the general facilities of the Faculty and that sufficient working and office space is available for any proposed additional staff. I approve the project and am prepared to have the project carried out in the Faculty under the management of Access Macquarie Limited and circumstances set out by the applicant.</i></p> <p>OR</p> <p>The outside work is NOT APPROVED, on the following grounds:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Signature: _____</p> <p>Date: _____</p>	

ACCESS MACQUARIE LIMITED TO COMPLETE THIS SECTION

PROJECT CODE		
PROJECT TYPE	Principal	Agent
PROJECT MILESTONES	Milestone Description	Due Date
	Milestone 1:	
	Milestone 2:	
CONTRACT ISSUES / CONCERNS	Issues	Resolution

APPROVALS

BUDGET APPROVAL DETAILS	
DATE SUBMITTED FOR APPROVAL	
APPROVED BY	
DATE APPROVED	
APPROVAL CONDITIONS	
CONTRACT APPROVAL DETAILS	
APPROVED BY	
DATE APPROVED	
APPROVAL CONDITIONS	

Contract Checklist

Project Code	
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Question	AMQ	MQ	Contract Clause
Who is providing the goods/services			
Who is liable for the credit risk for the amount receivable from the customer			
Who set the price of services			
Who is liable for the risk and rewards of the project			
Who has determined the Scope of Work			
Who is carrying out the services			
Who adds greater (more than 50%) value to the project			
Who owns the Intellectual Property for this project			
Who is the recipient of the economic benefit of inflows (revenue)			
Who is liable for the economic and future economic benefit (expenses)			
Who owns the profit or loss on the project			
If AMQ is largely responsible for most of the above	PRINCIPAL		
If MQ is largely responsible for most of the above	AGENT		

Prepared By:	
Date:	
Approved By:	
Date:	