Application for Undertaking Outside Practice OP1 – Consultancy, investigational work and professional practice

Notes

1	How to complete the form
	• Part I – to be completed by the applicant.
	• Part II – to be completed by the supervisor or Head of Department/Office/Dean/Chief Innovation Officer/Vice-President/Provost (as appropriate) before forwarding to the approving authority for approval in accordance with paragraph 10 of the Regulations on OP1 (P1295/OP1).
	• If more than one staff member will participate in the work/project, the principal investigator should be the applicant and all staff members involved should sign this form.
2	Required documents
	• Written document/agreement/letter of appointment from the client indicating the nature of work/project to be involved etc. should be submitted together with this form.
	• Copies of approved application should be sent to the Vice-President (Research and Development), Dean of relevant Faculty/School, Head of relevant Department/Office, Finance Office, Knowledge Transfer Office and Human Resources Office for record and appropriate follow-up actions.
	• The information collected will be used for processing your application and will be presented to the relevant Offices as stated above for consideration/deliberation or follow-up actions.
3	IMPORTANT – Prior approval is required.

<u>**Part I**</u> – to be completed by the applicant

Personal Data – Principal Investigator					
Nai	ne	(English)		(Chinese)	
Dep	ot./Office			Tel./Ext.:	
Tit	e/Position	+		I I	
Other staff member(s) involved, if applicable					
	Name		Dept./Office	Title/Position	
1					
2					
2					

Info	ormation on Consultancy/Investigation		
1.	Title/nature of work/project:		
2.	Client:		
3.	Expected deliverables:		
4.	Project commencement date:		
5.	Expected completion date:		
6.	No. of working hours/day involved:		
	110. of working hours/day involved.		
7.	Total cumulative no. of working how on outside practices in this reportin	g year:	
	Total cumulative no. of working ho on outside practices in this reportin (*including hours/days spent and expe	g year: ected to be spent on approved outside practic	
7. 8.	Total cumulative no. of working horon on outside practices in this reporting (*including hours/days spent and export Time involvement/manpower deploy	ected to be spent on approved outside practic yment:	
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8.	Total cumulative no. of working horon outside practices in this reporting (*including hours/days spent and export Time involvement/manpower deploy Staff involved Applicant: Other staff member(s) involved: 1. 2. 3. 4. 5.	g year: ected to be spent on approved outside practic yment: Total no. of workings/days involved	
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8.	Total cumulative no. of working horon outside practices in this reporting (*including hours/days spent and export Time involvement/manpower deploy Staff involved Applicant: Other staff member(s) involved: 1. 2. 3. 4. 5.	g year: ected to be spent on approved outside practic yment: Total no. of workings/days involved	

	Item	Details	Amount HK\$
1.	Professional Fee	Applicant:	
		Others (details):	
		Sub-total:	
2.	Direct cost to be		
	reimbursed to the		
	University		
3.	Other Expenses		
4.	Total Project Value	<u> </u>	

D.	Please state reason(s) for undertaking this consultancy/investigational work/professional practice and how it will contribute to teaching/work effectiveness, research work etc.
E.	I undertake and/or ensure that

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	1.	this work/project is entirely on an individual basis and <u>not</u> on behalf of the University; The University shall have no liability to all work to be undertaken in this connection;		
		[Note: Applicant(s) are advised to consider carrying insurance to cover possible claims arising from the work/project.]		
	2.	the University shall be properly reimbursed for all costs incurred in the use of the University's equipment, facilities or resources, if any;		
	3.	no conflict of interest is involved in my undertaking of this work/project;		
	4.	my normal duties will not be greatly disrupted or adversely affected; and		
	5.	the University regulations on outside practice have been fully read and well understood.		

I confirm that all information provided is true and correct, and acknowledge that if the engagement of outside practice caused any damages to the University, the University will reserve its right to take any legal action where appropriate.

Signature: _____

Date: _____

Part II - to be completed by the supervisor or Head of Department/Office/Dean/Chief Innovation Officer/Vice-President/Provost, as appropriate

Applicant	Budget of work project	Approving authority #	
	>HK\$1M	P/VC	
Staff in Faculties/Schools and Administrative Offices	HK\$0.5M to HK\$1M	Provost / VP / CIO	
Administrative Offices	<hk\$0.5m< td=""><td>Dean / Head of Administrative Office</td></hk\$0.5m<>	Dean / Head of Administrative Office	
Deans of Heads of	>HK\$1M	P/VC after endorsement of Provost/VP/CIO	
Administrative Offices	≤HK\$1M	Provost / VP / CIO	
Provost/Vice-Presidents (VPs)/ Chief Innovation Officer (CIO)/ Associate Vice-Presidents (AVPs)	Any value	P/VC	
President and Vice-Chancellor (P/VC)	Any value	Council Chairman	

Please refer to the following table for the appropriate approving authority:

In accordance with the reporting relationship

<u>Section A & B</u> – to be completed as appropriate

A	For Supervisor (e.g. Head of Department/Office), as appropriate			
	1. I have reviewed all the above information according to the University's approval guidelines and would recommend to *approve/disapprove the application.			
	2. Other remarks:			

* Delete whichever not applicable

Head of Department/Office

Signature: ______ Date: _____

Name: ______ (in block letters)

B	For Dean/Chief Innovation Officer/Vice President/Provost, as appropriate
	 On the basis of information provided, I would recommend to *approve/disapprove the application. Other remarks:

* Delete whichever not applicable

Dean/Chief Innovation Officer/Vice-President/Provost

Signature:	Date:
Name:	(in block letters)

Section C

С	For Approving Authority
	 I *approve/disapprove the application. Other remarks:

* Delete whichever not applicable

Signature:	Date:
Name:	(in block letters)

c.c. Vice-President (Research and Development) Dean of relevant Faculty/School Head of relevant Department/Office Finance Office Knowledge Transfer Office Human Resources Office