



AUTHORISATION FOR EXTERNAL WORK

Name: _____ Department: _____

New Activity: Renewal:

Nature of Proposed Activity

External Employment: Name of Employer: _____

Self Employment:

Working partnership: Nature of Partnership: _____

Consultancy: Nature of Consultancy: _____

Other: Please specify: _____

Give full details of the nature, extent and content of proposed extern activity:

Expected Duration: _____

Time Commitment: Weekly: Monthly:
(Indicate numbers of hours)

I declare that the information given above is a true and fair reflection of my proposed extern activity.

Signed: _____ Date: _____