



<http://info.anu.edu.au/policies/Forms/Audit/Other/>

Annual Return — Individual Consultancies and Professional Practice (52-Day Rule)

Please write clearly in BLOCK LETTERS.

Forward to Business Manager/Executive Officer or nominated officer for processing and filing on the staff member's personal file and forward a copy to the Director, Human Resources Division.

Notes:

- To be completed by all academic staff members, including a nil return, in accordance with the policy on Undertaking Individual Consultancies and Professional Practice (52-Day Rule)

Family Name: <input style="width: 90%;" type="text"/>	Given Names: <input style="width: 90%;" type="text"/>
Position: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>
Research School /Faculty/Centre: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>
Dept/Group/ Division: <input style="width: 90%;" type="text"/>	Fax: <input style="width: 90%;" type="text"/>
Employment: <i>Full-time</i> <input type="checkbox"/> <i>Part-time</i> <input type="checkbox"/>	

**Annual Return
for the Year:**

20__

1. Have you carried out any individual consultancies or professional practice during the year? Yes No
If No, please read, sign and date the Declaration below.

2. If Yes, please complete the following table. Then read, sign and date the Declaration below.

Project Title and Details <small>(Please tick ✓ if Commercial-in-Confidence)</small>	Funding Source <small>(include ANU Innovation)</small>	Costs Paid for Use of University Facilities	Days <small>(1/2 day minimum)</small>	Days Balance of Time Remaining <small>(since 1 January)</small>
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Declaration: I have abided by the requirements in the policy on *Undertaking Individual Consultancies and Professional Practice (52-Day Rule)*. I declare that I have used University assets in accordance with their provision approved at the commencement of the consultancy and have paid the University the agreed cost of this use.

Signature: Date:

D	D	M	M	Y	Y	Y	Y
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OFFICE USE ONLY
Business Manager / Executive Officer to review completeness of form

