**(Appendix: 1)**

**CONSULTANCY PROPOSAL FORM**

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| **Section 1: Consultant Details** | | | |
| **Faculty Name** | Click here to enter text. | **Academic Title** | Choose an item. |
| **College** | Choose an item. | **Department** | Click here to enter text. |
| **Academic Year** | Click here to enter a date. | **Date** | Click here to enter text. |

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| **Section 2: Client Details\*** | | | |
| **Name of Organization *(in full)*** | | Click here to enter text. | |
| **Nature of Organization** | | Choose an item. | |
| **Name of contact *(Including title-Ms. Mr. Dr.)*** | | Click here to enter text. | |
| **Position of contact** | | Click here to enter text. | |
| **Address** | Click here to enter text. | | |
| **Phone** | Click here to enter text. | **Email** | Click here to enter text. |
| **Fax** | Click here to enter text. | **Mobile** | Click here to enter text. |

*\*Client details are requested for the approval process only and will be treated in confidence.*

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| **Section 4: Finance** | |
| Charging Basis | Hourly  Lump Sum |
| Total Charges to Client (OMR) | Click here to enter text. |
| Payment Schedule | Click here to enter text. |

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| **Section 3: Brief Description of Consultancy** |
| Write title or short descriptive name |

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| **Section 5: Consultancy Schedule** | | | |
| **Total number of Consultancy hours** | Click here to enter text. | **Number of Consultants** | Click here to enter text. |
| **Estimated End Date** | Click here to enter a date. | **Estimated Start Date** | Click here to enter a date. |

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| **Section 6: Details of Consultancy** |
| **Objective [Short description of what the client is trying to achieve]** |
| Click here to enter text. |
| **Scope of Work [Outline of services being sought i.e. activities to be undertaken]** |
| Click here to enter text. |
| **Deliverables [List any key outputs e.g. reports, presentations, drawings, papers, etc]** |
| Click here to enter text. |
| **Workspace [Premises where work is to be carried out]** |
| Click here to enter text. |

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| **Section 7: Declaration** |
| I am not aware of any conflict of interest that might arise between my full-time appointment with DU and my Consultancy activities as outlined above. I confirm that the activities described above meet the criteria under which such activities may be approved as follows:   * The activities are related to my academic and professional interests. * The activities in total do not exceed 20% of working time. * They do not interfere with my performance of normal academic duties. * They do not give rise to any conflict of interest for myself or for DU. * DU is not acquiring any vicarious liability as a result of my undertaking of these activities. |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.** |

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| **Section 8: Guidelines** |
| * Respond to each section in this Consultancy Proposal Form vigilantly. If you have any questions, please consult the Chairperson of the Department or College Dean.  All Academic Faculty/Staff are required to submit this form *4 weeks prior to* engaging in any Consultancy activity or after his nomination as a Consultant.Kindly refer to Consultancy policy for more information while filling in this form.  * In order to have most accurate information, please address each item, and use ‘None’ or ‘N/A’ if appropriate. |

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| **Approval Details** | |
| **Departmental Chair’s Approval** | |
| Click here to write recommendations and comments | |
| **Signature:** | **Date:** |
| **Dean/Director’s Approval** | |
| Click here to write recommendations and comments | |
| **Signature:** | **Date:** |
| **Director of Department of Research** | |
| Click here to write recommendations and comments | |
| **Signature:** | **Date:** |
| **Deputy Vice Chancellor’s Approval** | |
| Click here to write recommendations and comments | |
| **Signature:** | **Date:** |