Appendix A

Approval Form for External Interests

Before completing this form, please ensure you have read the College’s Register of External Interest and Annual Declaration Policy and Conflict of Interest Policy. Please discuss with your Head of Department/line manager if any additional local approval or actions are required.

<table>
<thead>
<tr>
<th>From: Full Name</th>
<th>Dept/Div</th>
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<tbody>
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<tr>
<th>To:</th>
<th>Head of Dept/Div/Sch/Inst/Line manager</th>
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<tbody>
<tr>
<td></td>
<td>(or if the applicant is a HOD, forward to Faculty Dean/Director or for non faculty HODs, the line manager set out on the College Organisation chart)</td>
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</table>

**THE EXTERNAL INTEREST**

- Directorship ☐, Partnership ☐, Consultancy ☐, Trusteeship ☐, Trade Engagement ☐, other Remunerated Engagement ☐, Equity ☐, IPRs ☐, IP commercialisation revenue ☐, Retail work ☐, Bar work ☐, Security work ☐, unpaid Engagement ☐, Private Clinical Practice for Personal Gain ☐, Medico-Legal Advice ☐

**Details of External Interest**

(e.g. Position to be undertaken, subject of position/trade)

**This table is only to be completed for Private Clinical Practice for Personal Gain**

<table>
<thead>
<tr>
<th>Speciality:</th>
<th>In-patients Yes ☐ No ☐</th>
<th>Out-patients Yes ☐ No ☐</th>
<th>Diagnostic Investigations Yes ☐ No ☐</th>
</tr>
</thead>
</table>

Medico-Legal Advice in this speciality Yes ☐ No ☐

<table>
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<tr>
<th>Name and address of organisation (e.g. company, hospital, Trust etc.)</th>
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<table>
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<tr>
<th>Commencement and duration of External Interest</th>
<th>Yes ☐ No ☐</th>
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This request is not in contravention of external funding Yes ☐ No ☐

**TO BE COMPLETED BY THE COLLEGE MEMBER SUBMITTING THE APPROVAL REQUEST**

I confirm I have read the College’s Conflict of Interest Policy and do not consider this request to be an actual, potential or perceived conflict of interest as defined in the College’s policy. In the future, should this interest give rise to an actual, potential or perceived conflict of interest I will disclose that conflict of interest to the relevant College authority in accordance with College’s Conflict of Interest Policy.

I confirm I will annually declare this External Interest in accordance with College’s Register of External Interest and Annual Declaration Policy.

I confirm I have read section 4.1 of this policy and hereby attach a waiver for private work signed and authorised by the external organisation and agree to comply with the additional terms as specified below, if applicable.

For Private Clinical Practice for Personal Gain and Medico-Legal Advice requests I confirm that I will comply with the additional terms as specified below.

I therefore formally request approval and agree to abide by the requirements of the Register of External Interest and Annual Declaration Policy and Conflict of Interest Policy.

<table>
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<tr>
<th>Signed</th>
<th>Date</th>
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Version 19 March 2015
**External Interests requiring a waiver for private work e.g. consultancies not routed through ICON:**

1. Attached is a copy of the College’s waiver for private work, signed by a representative of the external organisation.
2. I undertake not to enter into any agreement with the external organisation in contravention of the terms and conditions outlined in the College’s Register of External Interest and Annual Declaration Policy and Conflict of Interest Policy. I also understand that, if approved, the College does not accept any liability or extend any indemnity or insurance to cover me whilst I undertake work for the external organisation.

**Private Clinical Practice for Personal Gain and Medico-Legal Advice:**

1. I seek permission to undertake Private Clinical Practice for Personal Gain or provide Medico-Legal advice on my own account external to employment with the College involving a maximum commitment of 8 hours per week.
2. I agree that I will carry out private practice within all GMC guidelines under the clinical governance arrangements (and with the explicit approval of) the relevant hospitals, and to the high standards expected of Imperial College London.
3. I recognise that the financial, tax and legal consequences of private practice are my own responsibility. Attached to this Appendix is a copy of my personal insurance cover against professional negligence claims which is subsisting and to my knowledge there are no circumstances which could lead to the insurance being revoked, vitirated or not renewed.
4. I agree to indemnify and keep the College indemnified against all and any claims, loss and all costs and expenses incurred by the College, arising as a consequence of my Private Clinical Practice.

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**TO BE COMPLETED BY THE HEAD OF DEPT/DIV/SCH/INST/LINE MANAGER**

I am satisfied that acceptance of the above request will not prejudice the efficient discharge of the applicant’s College and Faculty/Departmental/Divisional duties. I am not aware of any reason why its acceptance would involve either the applicant or the College in any conflict of interest.

If the request requires a waiver for private work, I confirm I have reviewed the attached waiver signed by the external organisation. If the request is for consultancy being carried out on a private basis, I confirm that I am also happy with the reasons given as to why this work is not going through ICON.

*I approve your request / I do not approve your request*
*delete as applicable*

Your application was not approved for the following reasons:

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You may not appeal against this decision.

<table>
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<tr>
<th>NAME</th>
<th>SIGNED</th>
<th>DATE</th>
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</table>

**Note to Head of Department/Division/School/Institute/Dean/Line Manager:**

Upon completing this form, please notify the applicant of your decision by sending him/her a copy of this form. Then please pass this original with the signed waiver for private work (if applicable) onto your Departmental representative for entry into ICIS who will then forward this to your local HR team to place on the member of staff’s file.
Attachment 1 - Waiver for private work

Page one

Waiver for private work of staff of wishing to accept Directorships, Partnerships, Consultancies, Trade Engagements, Other Remunerated Engagements (the “Appointment”)

Name of Applicant

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Department/Division

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The College encourages liaison between outside organisations and members of staff. College Members acting in a personal capacity must obtain the written permission of the College through their Head of Department/line manger before accepting an Appointment. Permission will normally be given so long as acceptance does not prejudice the efficient discharge of the College Member’s College and Faculty/Departmental/Divisional duties.

To safeguard its own position the College will, however, only give its permission for work in a personal capacity on the understanding that the terms and conditions set out below in this schedule shall apply. To establish the legal position, a copy of this schedule should be signed by the external organisation and referred to in, and appended to, any Agreement or Exchange of Letters which covers the appointment between the external organisation named below and the member of staff which covers the Appointment.

An external organisation seeking to engage a member of staff of the College in a personal capacity is advised, and with the intention of being legally bound, agrees that:

1. The member of staff named above is acting entirely in a personal capacity and not for or on behalf of the College nor is subject to the control of the College in this respect and shall not hold him or herself out as such.

2. The College accepts no liability for the acts or defaults of the member of staff, to the fullest extent permitted by law, whether negligent or otherwise nor does it extend any indemnity or insurance to the staff member and the external organisation agrees to and shall procure that its employees, agents and sub-contractors waive any claim against the College arising as a consequence of the Appointment of the member of staff.

3. Neither the College Crest, the College name, the College address nor the name of its departments/divisions may be used on any letterhead or similar document in connection with the engagement with the external organisation.

4. The unauthorised use of any College resources or facilities in connection with an Appointment is not allowed. In this context the term College resources or facilities does not include reasonable use of a College computer provided to an individual for work and personal use nor reasonable incoming telephone calls.
5 Intellectual property rights arising from the work of staff in the course of their College duties belong to the College. Intellectual property rights arising from the work of a member of the College whilst engaged in a personal capacity in work for an external organisation would normally belong to the external organisation. However, where intellectual property is generated by a member of the College staff who is working in the same area of technology, both in the course of College duties and pursuant to the Appointment with an external organisation, in order to determine whether intellectual property arose from College duties, or from the work of the external organisation or from the combination of the two, the member of staff and the external organisation shall promptly inform the College and the College will then approach the external organisation with a view to assessing the prospects of commercial exploitation to mutual benefit.

6 Fees will be paid in full by the external organisation direct to the member of staff.

On behalf of _______________________________ (external organisation)

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I, _______________________________ (name) as an authorised signatory of the organisation

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Confirm the acceptance of these terms and conditions.

Signed _______________________________ Date _______________________________