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| **Name**  |  | **Ext / contact no:** |  |
| **Department** |  |
| **Title of Document** |  |
| **Parties to Document** |  |
| **Author of Document** | ACU Other party  |

**All contracts must go via the Provost’s office for review prior to being submitted to OGC**

Please contact EA Provost on x3887 or x2933 or eaprovost@acu.edu.au if you require assistance

**AUTHORISATIONS**

*Please choose Yes or No or n/a and attach relevant documents*

|  |  |
| --- | --- |
| **Yes / No** | **Does the document involve another Faculty / Directorate / Department?** **If Yes,** please consult with them and include their comments with your submission – refer next page |
| **Yes / No** | **Does the document or arrangement depend upon course approvals?** **If Yes,** please annex to this Instruction Sheet the Minute of the Academic Board recommendation *and* the Minute of Senate’s approval  |
| **Yes / No** | **Does this matter require Standing and Finance Committee approval or Senate approval?** **If Yes,** please attach a copy of the Minute from the relevant meeting showing approval of the expenditure  |
| **Yes / No****n/a** | **Procurement**: For arrangements involving procurement of goods or services, have you complied with the Quotations and Tenders for Purchases Policy and ACU Sourcing Policy - <http://www.acu.edu.au/policy/finance/quotations_and_tenders_for_purchases> |
| **Yes / No** | **IT Related Contracts**: Is this an IT related contract (eg, does this contract / project relate to an IT platform, product or service, IT equipment, software licensing, IT consultancy or software solution)? **If Yes**:  |
|  | **Yes / No****Yes / No** **Yes / No** ………… | Has the IT Directorate been consulted? **If Yes**, when and who in IT was consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If this is an IT procurement, was the IT Directorate consulted at the start of the procurement cycle? **If Yes**, when and who in IT was consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has the IT Directorate undertaken a risk assessment of the ICT requirements of this product / service? **If Yes**, annex details to this form. **If No**, OGC will request IT to conduct a risk assessment. Legal review will not commence until IT have completed their assessment. |
| **Yes / No** | **Is this a standard OGC template document? If Yes:** |
|  | **Yes / No** ………… | Have alterations been made? **If Yes,** please ensure the alterations have been made using Track Changes |
| **Yes / No** | **Consultancy / Contractor**: Does this matter involve a consultant / contractor? **If Yes,** please refer to the Employee / Contractor status checklist and return the completed form with your request - <https://www.acu.edu.au/policy/hr/recruitment_and_selection/determining_employee_or_contractor_status> |
| **Clause:****\_\_\_\_\_** | **Delegations of Authority**: Please identify the proposed clause(s) of the University’s Delegations of Authority Policy and Register relied upon by the Approver in authorising this engagement or project <http://www.acu.edu.au/policies/governance/delegations_of_authority_policy_and_register> |

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| **When is advice required** | *Allow a minimum of 10 business days for an initial review* |
| **Who / what is driving the timeframe**  |  |
|  *Include details so we understand the consequences if dates are not met* |

**Brief description of Document**

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**Legal advice required (ie, what do you want OGC to do)**

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**Has consultation occurred with:**

*Please choose Y or N or N/A and include or annex any comments*

1. **CHAIR ACADEMIC BOARD**  Y [ ]  N [ ]  N/A [ ]

Comments provided:

1. **PRO-VICE CHANCELLOR INTERNATIONAL** Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **EXECUTIVE DIRECTOR STRATEGIC PARTNERSHIPS & EXECUTIVE EDUCATION**

Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **ACU COLLEGE**  Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **FINANCE** (eg: check insurance coverage) Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **ACADEMIC REGISTRAR** Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **STUDENTS LEARNING AND TEACHING** Y[ ]  N[ ]  N/A[ ]

If yes, please list relevant Directorate/s:

Comments provided:

1. **OFFICE OF THE PROVOST** (for Rome matters) Y[ ]  N[ ]  N/A[ ]

Comments provided:

1. **ANY OTHER PORTFOLIO / DEPARTMENT** Y[ ]  N[ ]  N/A[ ]

Comments provided:

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**Requested by** (signature and date) **Approved By** (signature and date)

**Name** (print): *(PVC/Executive Dean/HoS/Director/Associate Director)*

 **Name** (print):

**All research agreements** require approval from the DVC (Research) or his nominated representative prior to OGC undertaking a review. If that applies to this request, please obtain the signature of or email approval from the DVCR or his nominated representative prior to submitting for review.

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***Approval from Research to proceed****: Name / Signature / Date*

**All contracts and any other documents requiring the Provost’s signature** require approval from the Provost or her nominated representative prior to OGC undertaking a review.

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***Provost Office approval for OGC to review****: Name / Signature / Date*