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

**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  |
| **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 are highlighted in the document 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> |

|  |  |
| --- | --- |
| **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**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If the above applies, please obtain the signature of the DVCR, Provost or their nominated representative below or attach approval email to this Instruction Sheet.

|  |
| --- |
|  |

*Name / Signature / Date*