

**COMMERCIAL ACTIVITY APPROVAL FORM**

**SCHOOL OF BEES**

Part A: To be completed by staff member (please print clearly)

OUTSIDE ORGANISATION	NATURE OF WORK	NUMBER OF DAYS	PERIOD OVER WHICH WORK WILL BE CONDUCTED

Does the work require Risk Assessments (Laboratory and Field Work) forms ? Yes/No

If yes, please state name of Risk Assessment and date completed

SIGNATURE :	DATE:
NAME:	

Part B:

1. Statement by Head of School:

The details reported above represent commercial activity work work that has been approved by me and undertaken in accordance with University policy. The work undertaken forms part of an activity which has been registered with the University as a Commercial Activity

Signature:.....

Date: .....