



## Form of Undertaking for Signature by Visitors Working in Departments

I acknowledge that the permission given to me to work in the Department of [DEPARTMENT NAME] for the period to [DATE] is subject to the following conditions, and may be withdrawn without notice.

1. I will comply with the terms of the University's Statutes and Regulations ("**the University Statutes**"); and will honour codes of practice which are published under the authority of the University Statutes.
2. I will comply with all Departmental regulations, codes and guidelines published from time to time; and pay any bench fees and charges which may be prescribed there for the facilities which I use.
3. I accept that my use of IT facilities via the University's computer network is subject to the rules and regulations published on the university's web site (<http://www.admin.ox.ac.uk/statutes/regulations/196-052.shtml>) I undertake to read them before making use of the facilities.
4. I will comply with the University's Information Security Policy, as amended from time to time, a copy of which is published on the University's website: <http://www.it.ox.ac.uk/infosec/ispolicy/>.
5. I accept that the terms of the University Statutes relating to intellectual property apply to me; and that the University will be entitled in accordance with those terms to claim ownership of intellectual property which I produce.
6. I will treat details of any procedures, projects or research of which I become aware in the course of my work or my visits to the Department as strictly confidential. I will not disclose such information to any person unless I have express written permission to do so, or the information is already clearly in the public domain.
7. I consent to the processing of the personal data contained in this form, and any other personal data which I may provide to the University whilst I am a Visitor. Such data may be used for purposes connected with my work in the Department, for the protection of my health and safety whilst on University premises, and for any other purpose sanctioned under data protection legislation.
8. I will leave the premises on or before [DATE]. I will not remove any item which is not mine from the Department without the written permission of the Head of Department.
9. At no time will I use University or Departmental facilities for my own business purposes, and I recognise that I have no right to the use of such facilities for personal purposes.
10. I acknowledge that I am not an employee, worker or agent of the University and will therefore at no time hold myself out as being its employee, worker or agent.

11. At no time will I represent to any party that I am authorised to speak on behalf of the University or the Department, or to sign any document on behalf of the University or the Department. I will not use any of the names, marks, logos or letterheads of the University or the Department except in the course of my participation in a University project and with the prior written permission of the Head of Department.

12. [Include when the Visitor is participating in an externally funded project; otherwise delete.] In consideration of the University allowing me to participate in the project described in the Agreement dated [DATE] with [FUNDER], I agree to abide by the terms of that agreement (a copy of which may be obtained from the Departmental Administrator), and to do everything required to give effect to it. Specifically I agree, without prejudice to clause 5 above, that any intellectual property and the publication of any results will be dealt with as prescribed by that agreement. I understand that these undertakings will continue in force notwithstanding the termination of the project or my work in the University.

13. I confirm and warrant to the University

13.1. that I have provided the Departmental Administrator with a written declaration, detailing any materials owned by me or by a third party which I intend to introduce to the Department; and

13.2. either [that I am an independent researcher, and that none of the commitments above will conflict with any obligations to an employer or to any other party] or [that my employer [EMPLOYER NAME] has seen and endorsed the commitments above, has consented to my working in the University on leave/secondment, and will not argue any conflict with my obligations as their employee].

**SIGNED**

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Name:

Title:

Date: