



PROFESSIONAL ACCESS

ACCESS RIGHTS WILL ONLY BE GRANTED TO THOSE APPLICANTS WITH A SUITABLE LEVEL OF FAMILIARITY WITH THE REQUESTED STUDIO AND WORKSHOP FACILITIES

Parties to this Agreement

This Agreement is between SYDNEY COLLEGE OF THE ARTS (SCA) being a Faculty of the University of Sydney (ABN 15 211 513 464)

and

Professional Name: _____

SCA Academic Contact Name: _____ EXT: _____

Duration of access: _____ to _____

Days and times: _____

Conditions of Access

1. The Professional will have access to following workshop/studio/lab facilities with provision that staff and student needs take precedent.

(Access to facilities will depend on the needs of course based activities and student demand and may be changed by SCA.)

2. The Professional will be responsible for the general maintenance and cleanliness of the areas being used.
3. The Professional will not alter, or attach anything to, the furniture or fittings in or around the studio without the prior consent of the Studio Supervisor.
4. The Professional will be permitted access to:

_____studio *(please indicate which area)*

on the following days: _____*(Monday to Friday only)*

during the following hours: _____

(Access hours are subject to change by the studio supervisor, studio co coordinator)

5. The Professional **must** complete a studio induction and, while they do not form part of this agreement, the Professional must also comply with the University's Occupational Health and Safety policy and any other relevant policies and guidelines.
6. The Professional will not be covered by the University's Worker's Compensation Policy. Nothing in this agreement gives rise to employment or contractor relationship between the Professional and the University, nor does it entitle the Professional to any benefits normally provided to employees or contractors of the University.
7. Any personal property brought onto the campus by the Professional will be his/her own responsibility. Any electrical equipment must be tagged appropriately.
8. Prior to the commencement of access, the Professional will be required to pay an access fee of \$ _____

In addition \$ _____ to cover the cost of the following: *(please give details, eg Materials, consumables),*

(To be determined by the Studio Supervisor and paid at the cashier's office)

9. All other materials will be supplied by the Professional.
10. The Studio Supervisor has the right to discontinue access if the conditions outlined in this agreement are not adhered to or for any reason by providing 28 days' notice to the Professional.
11. In the event that you breach any of the obligations under this Agreement, the University is entitled to terminate this agreement without notice.

Agreement

I agree to the above terms and conditions.

Name _____ signed _____ date _____

Approved by Area Leader

Print name _____ signed _____ date _____

Approved by Studio Supervisor

Print name _____ signed _____ date _____

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SCA Professional Access Fee and Materials Payment

PROFESSIONAL'S NAME: _____

STUDIO: _____

AMOUNT DUE: \$ _____ *(to be completed by studio supervisor)*

GST: \$ _____ *(10% of amount due)*

TOTAL AMOUNT RECEIVED: \$ _____

Cashier's Signature: _____

Date: _____