

*please don't change font-style and size.

SHORT-TERM CONSULTANCY ENGAGEMENT FORM

Department/Office/College/Unit Providing Short-Term Consultancy Service												
CG	CA	CIT	CoEng'g	CoE	CONHS	COFMA	PC	BC	Others			
S	S			d		S						
Specify if other than colleges/campuses (e.g. SWDS):												
R&E Divisions/Units (specify)												
Date of Engagement					Time/Duration of Engagement							
Name of Consultant(s)							Affiliation					
1.												
2.												
3.												
Name of Client(s)							Affiliation/Address					
1.												
2.												
3.												
4.												
5.												
6.												
Nature of Request		Letter of Request		Walk-in		Referred from/by:						
CONSULTANCY AGENDA												
Purpose of Consultation												
Detail of Concern (Please write the summary of concern here. If space is not enough, use an extra sheet)												
Action Recommended		DETAILS OF RECOMMENDATIONS										
For full-blown consultancy		(Please write the summary here. If space is not enough, use an extra sheet)										
Referred to other/ appropriate Agency												
Referred to other office/unit in SSU												
Conduct another meeting												
One-time consultancy												

I confirm the above written information/transcription (summary) of what was discussed during the meeting.	
Name and Signature of Client(s)	Name and Signature of Consultant(s)
Note: Please attach attendance sheet if clients and consultants is a team	

Note: This form must be filled-up every time there is an external client seeking consultancy.

SHORT-TERM CONSULTANCY ENGAGEMENT FORM

Extra Sheet (page _____ of _____)

CONSULTANCY AGENDA	
Purpose of Consultation	
Detail of Clients Concerns	
Details of Recommendations	
Initial of Client(s) Initials of Consultant(s)	



STARS

