

# Request for Approval of Spin-Out

**Section 1:** To be completed by the member of staff wishing to form a University Spin-Out or direct association (Employment/directorship/technical or advisory role) with an existing company. **Note:** Please complete a C11 form for requests associated with Consultancy.

Name(s):		
Division(s)/ School(s)		
Outline of proposed	d Spin-Out or Direct Company Association:	
Are you joining an	existing company?	YES/ NO
Have you been offe	red shares in the company?	YES/ NO
Registered company Position offered/Shar Key contact within Contact Name: Position: E-mail address:	re holding: ompany	
	in-Out/work related to your normal duties of ical expertise and/or field of current/previous e details:	YES/ NO
	y require access to University IP and/or teaching g IP developed at a previous institution)? e details:	YES/ NO

Is the work likely to result in new Intellectual Property Rights, please provide details (How would this differ from IPF		YES/ NO
University activity?):		
Outline how you propose to accommodate likely time co	mmitments:	
Would the proposed Spin-Out/work require access to Uni or wider University staff?	versity facilities	YES/ NO
If yes, please provide details (e.g. secondment of staff):		
Please detail any conflict of interest, or potential conflict, financial interest):	with the Univers	ity (including
illianciai illieresty.		
Please note that a <u>declaration of interest</u> form should initiating activity.	be submitted on	approval or
initiating activity.		
Please Note: Your direct association with an external of	. , , , ,	•
development funding routes involving the company and the U more information).	niversity (Please o	ontact KEI for
Signed:	Date:	

#### **Comments:**

Please seek guidance from the Technology Transfer office for clarification and further information. This is a live document and may be amended and updated. Any amendments will require further sign off.

**Section 2:** To be completed by the Head of School and/or Division:

Type of company association:  Please tick one box:	Non-commercial professional activity	2. Start-up (not related to University activity)
Please provide further details below; in comments section. Guidance is available from	Spin-out (related to field of research)	4. Second employment (non shareholder position)
the Technology Transfer office. <u>Commercialisation@kent.ac.uk</u>	5. University staff undertaking shareholder role (e.g. Tech Director/Sci. Off.) (as 3, above)	6. Evaluation license, with a view to Spin-Out or key shareholder role
Read and Understood by Head of School:		Date:
Read and Understood by Head of Division:		Date:

## Comments:

Please retain a copy of this form in the School for the Annual Report and send the signed document (and electronic version) to <u>Technology Transfer office</u> for next stage approval.

Admin Use Only	Date:
Date copy received by Knowledge Exchange and Innovation	
(KEI)	

### **Comments:**

**Section 3:** To be completed by Commercialisation Manager (KEI):

Has a Business Plan been s	ubmitted?	,	YES/ NO/ NA
Has the individual signed a	Second Employment IP Decla	ration form?	YES/ NO/ NA
Will the University have repr	resentation* on the Board of I	Directors?	YES/ NO/ NA
Proposed University equity contributions, general support (Further details below)	share associated with IPR, infort:	rastructure	YES/ NO/ NA
Equity share	1. Non (no IPR/other support	_	nt Transfer of IPR
Please tick one box:	offered or identified)	and/or infrastructure and support	
	3. 40%	<b>4.</b> 30%	
	5. 20%	<b>6.</b> 10%	
Signed:		Date:	

**Comments:** Business case to be presented to the Innovation Exploitation Board: Commercialisation Team, Director of Knowledge Exchange and Innovation (KEI), Deputy Director of Finance (May include advisors or sector specialist, as required). \*University staff undertaking a Directorship role should complete a declaration of interest form

**Section 4:** To be completed by Director of Knowledge Exchange and Innovation (KEI):

Authorise University Spin-Out or direct association w	ith an existing	YES/ NO
company (Subject to contract):		
Please copy any relevant change/updates/correspondence:		
Signed: Date:		

#### Comments:

- (i) Agreement constitutes a non-binding Memorandum of Understanding: Formal contracting will be initiated on authorisation granted above.
- (ii) In exceptional circumstances sign-off may be required by the Deputy Vice-Chancellor for Finance & Commercial Services (sign-off required Yes/No)

**Section 5:** To be completed by Deputy Vice-Chancellor for Finance & Commercial Services (if applicable):

Authorise University Spin-Out or direct association wit	h an existing	YES/ NO
company:		
Signed:	Date:	

#### Comments: