**Right to Work:**

**Proforma for Commissioning Work**

Commissioner’s Name:

School/Department:

Contact Details:

**Work details**

|  |  |
| --- | --- |
| Details of Work to be undertaken |  |
| Duration |  |
| Start Date |  |
| End Date |  |
| Paid / Unpaid / Expenses Paid |  |

**Worker details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Student | Y/N:  |
| Institution­­­­­­­­­­­­­­­­­­: |