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**Business Evaluation Form: PERIODIC COLLABORATIVE REVIEW OF UK SCHOOL-BASED COLLABORATIVE PROVISION**

* Please complete this form when an existing **School-based Collaborative** agreement is due to expire and is being reviewed with the intention of renewing the agreement.
* **Guidance** to assist with the completion of this form and the processes to be followed can be found on this [link](https://myntuac.sharepoint.com/:w:/r/sites/CollaborationsAndPartnerships/Shared%20Documents/03.%20Business%20Evaluation%20Guidance%20UK%20SBCP%20Review.docx?d=wcb566f8eff994d8e8793865eaad00bcb&csf=1&web=1&e=nsfW4p).
* It is important to ensure that **triage** discussions have taken place prior to completing the form. Please contact the Collaborations and Partnerships Team Leader in CADQ.

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| **Date form last updated:** |  | | |
|  | | | |
| **TRIAGE** | | | |
| **Triage completed:** | Yes  No | **Date of discussion:** |  |
| **Members involved:** |  | | |

**PART A - TO BE COMPLETED BY THE SCHOOL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **OVERVIEW OF REVIEW** | | | | | | | | | | | | | | | | |
| **School** | |  | | | | | | | | | | | | | | |
| **Lead contact in the School** (for this purpose) | |  | | | | | | | | | | | | | | |
| **Partner name** | |  | | | | | | | | | | | | | | |
| **Lead contact at the Partner** (for this purpose) | |  | | | | | | | | | | | | | | |
| **Category of collaboration** | | Franchise  Joint delivery  Joint/double degree  Sub-contracted apprenticeship | | | | | | Dual degree  Joint/double MPhil/PhD  Other (please state): | | | | | | | | |
| **Delivery model** | |  | | | | | | | | | | | | | | |
| **Current period of institutional approval:** | | **Date from:** |  | | | | | | | | **Date to:** | |  | | | |
| **Review(s) required:** | | **Institutional review:**  Yes  No  **Course review:**  Yes  No  If yes, please provide details of courses below. | | | | | | | | | | | | | | |
| **Course:** | | | | | **School:** | | | | | | | **Approval period:** | | |
|  | | | | |  | | | | | | |  | | |
| **Proposed date for review:** | |  | | | | | | | | | | | | | | |
| **REVIEW DETAILS** | | | | | | | | | | | | | | | | |
| **Recruitment in previous 3 years** | **Course (and site if appropriate):** | | | **Enrolments:**  **Year 20\_\_/20\_\_** | | | | | **Enrolments:**  **Year 20\_\_/20\_\_** | | | | | | **Enrolments:**  **Year 20\_\_/20\_\_** | |
| Predicted | | Actual | | | Predicted | | | Actual | | | Predicted | Actual |
|  | | |  | |  | | |  | | |  | | |  |  |
| **Forecast student numbers for next 3 years** | **Course (and site if appropriate):** | | | | **Enrolments:**  **Year 20\_\_/20\_\_** | | | | **Enrolments:**  **Year 20\_\_/20\_\_** | | | | | | **Enrolments:**  **Year 20\_\_/20\_\_** | |
| Predicted | Actual | | | Predicted | | | Actual | | | Predicted | Actual |
|  | | | |  |  | | |  | | |  | | |  |  |
| **If you are forecasting an increase or decrease in student numbers of 20% or more than the average for the previous three years, please provide a rationale.** | |  | | | | | | | | | | | | | | |
| **Challenges experienced during the period of this agreement:**  *Tick all that apply* | | Marketing  Recruitment  Admissions  Registration/enrolment  Examination boards  Providing student results/marks/transcripts  Award Ceremonies  Communication  Staffing resource  Travel  Estates  Specialist equipment  IT provision  Library provision | | | | | | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | | | | | | |
| If yes, please give details explaining the impact of the issues and providing a brief summary of how these issues can be overcome. | | | | | | | | | | | | | | |
| **STRATEGIC FIT** | | | | | | | | | | | | | | | | |
| **Does the School support the continuation of this collaboration in principle?** | |  | | | | | | | | | | | | | | |
| **Please provide a rationale for the continued strategic importance of this partnership to the University.** | |  | | | | | | | | | | | | | | |
| **Please provide a summary of the continued benefits of this collaboration for recruitment, student learning opportunities, research, and internationalisation.** | |  | | | | | | | | | | | | | | |
| **RESOURCES** | | | | | | | | | | | | | | | | |
| **Has there been any impact on resources as a result of this collaboration?** | |  | | | | | | | | | | | | | | |
| **Is the School able to continue to resource the collaboration?** | |  | | | | | | | | | | | | | | |
| **Are there any potential resource implications/additional costs for the School and/or Professional Services as a result of continuing this collaboration?** | |  | | | | | | | | | | | | | | |

**PART B – TO BE COMPLETED BY THE FINANCE AND PLANNING MANAGER**

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| **FINANCE APPRAISAL** | | |
| **How has this provision performed in terms of the original projected income and expenditure against the actual income and expenditure?** |  | |
| **Challenges experienced during the period of this agreement** | Are there any outstanding invoices, a history of late payments or unresolved issues with fee payment? | Yes  No |
| Has there been a change of ownership or leadership at the Partner since the last review? | Yes  No |
| Has there been any change of status of the partner since the last review/validation? | Yes  No |
| If yes, please give details: | |
| **Due diligence** | Is due diligence required?  Yes  No  If no, please state why not:  If due diligence has been carried out, please provide a summary of key findings: | |
| **Financial evaluation** | Is financial evaluation required?  Yes  No  If no, please state why not:  If financial evaluation has been carried out, please provide a summary of key findings: | |
| **Have financial negotiations for the new contract period been discussed and completed with the Partner?** | Yes  No  If yes, what are the agreed charges?  If no, what is the current status of the negotiations? | |
| **Additional comments**  (if required) |  | |

**PART C - BUSINESS APPROVAL REQUIRED**

* This proposal should now be considered by the **School and UKBEG***.*
* This approval process can take place simultaneously.
* The **UK Partner Assessment Form** should also be reviewed when considering this proposal.

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|  | **School Executive Team** | **UK Business Evaluation Group** |
| Approve  Reject  Changes Proposed | Approve  Reject  Changes Proposed |
| **Name:** |  |  |
| **Job title:** |  |  |
| **Signature:** |  |  |
| **Date:** |  |  |
| **Comments:** |  |  |

**PART D - ACADEMIC APPROVAL REQUIRED**

* Periodic Collaborative Review can now take place**.**
* Please refer to Section 10 of the [NTU Quality Handbook](https://www.ntu.ac.uk/about-us/academic-development-and-quality/regulatory-information/quality-handbook) and contact colleagues in CADQ for further guidance and support.