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**Business Evaluation Form: PERIODIC COLLABORATIVE REVIEW OF UK VALIDATION SERVICE ARRANGEMENTS**

* Please complete this form when an existing **UK Validation Service** 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/02.%20Business%20Evaluation%20Guidance%20UK%20VS%20Review.docx?d=wd6c00a4a86d647879a5094923cdc1c7a&csf=1&web=1&e=NDxlLc).
* It is important to ensure that **triage** discussions have taken place prior to completing the form.

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

**PART A - TO BE COMPLETED BY COLLABORATIONS AND PARTNERSHIPS TEAM LEADER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERVIEW OF REVIEW** | | | | | | | | |
| **Partner name(s):** |  | | | | | | | |
| Lead contact at the Partner(for this purpose): |  | |  | | | | | |
| Lead contact in the School(s)(for this purpose): |  | |  | | | | | |
| **Designation:** | Private College  Public University | | Further Education College  Other (please state): | | | | | |
| **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:** |  | | | | | | | |
| **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. | | | | | | | |

**PART B – TO BE COMPLETED BY THE PARTNER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTNER CONTACT INFORMATION** | | | | | | | | | | | | |
| **Name and role:** | |  | | | | | | | | | | |
| **Telephone and email:** | |  | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | |
| **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.** | | |  | | | | | | | | | |
| **Number of students that progressed to NTU over the last 3 years** | **Course (and site if appropriate):** | | | | **Year 20 /20** | | | **Year 20 /20** | | | **Year 20 /20** | |
|  | | | |  | |  | | |  | | |
| **Future plans** | | If you have any plans for expansion (additional sites) or new course proposals in the future, please provide details. | | | | | | | | | | |
| If you planning to withdraw any courses from your current portfolio or close any delivery sites, please give details. | | | | | | | | | | |

**PART C – TO BE COMPLETED BY THE FINANCE BUSINESS PARTNER**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FINANCE APPRAISAL** | | | | | | | | | | |
| **Has financial evaluation been completed?** *Please refer* to[*guidelines*](https://myntuac.sharepoint.com/:w:/r/sites/CollaborationsAndPartnerships/Shared%20Documents/UK%20Due%20Diligence%20and%20Financial%20Evaluation%20Guidelines.docx?d=w7538df38be964f4f810eeb3c61514efb&csf=1&web=1&e=y16cOA) | | Yes  No  Not required  If no, please state why not:  If due diligence has been carried out, please provide a summary of key findings: | | | | | | | | |
| **Has due diligence been completed?** *Please refer* to[*guidelines*](https://myntuac.sharepoint.com/:w:/r/sites/CollaborationsAndPartnerships/Shared%20Documents/UK%20Due%20Diligence%20and%20Financial%20Evaluation%20Guidelines.docx?d=w7538df38be964f4f810eeb3c61514efb&csf=1&web=1&e=y16cOA) | | Yes  No  Not required  If no, please state why not:  If due diligence has been carried out, please provide a summary of key findings: | | | | | | | | |
| **Income, costs and margin over the last three years** | | | | | | | | | | |
| **Course** | **Academic year 20 /20** | | | | **Academic year 20 /20** | | | **Academic year 20 /20** | | |
| **Income**  **000’s** | | **Cost**  **000’s** | **Margin** | **Income**  **000’s** | **Cost**  **000’s** | **Margin** | **Income**  **000’s** | **Cost**  **000’s** | **Margin** |
|  |  | |  |  |  |  |  |  |  |  |
| **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 | |
|  | | If yes, please give details: | | | | | | | | |
| **Financial negotiations** | | Have ongoing financial negotiations been agreed?  Yes  No | | | | | | | | |
| If yes, what are the agreed charges to the Partner?  If no, what is the current status of the negotiations with the Partner? | | | | | | | | |
| **Projected Income, costs and margin over the next three years** | | | | | | | | | | |
| **Course** | **Academic year 20 /20** | | | | **Academic year 20 /20** | | | **Academic year 20 /20** | | |
| **Income**  **000’s** | | **Cost**  **000’s** | **Margin** | **Income**  **000’s** | **Cost**  **000’s** | **Margin** | **Income**  **000’s** | **Cost**  **000’s** | **Margin** |
|  |  | |  |  |  |  |  |  |  |  |
| **Please give a rationale for projected income, costs and margins** | |  | | | | | | | | |
| **Additional comments**  (if required) | |  | | | | | | | | |

**PART D – TO BE COMPLETED BY THE SCHOOL(S)**

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| **STRATEGIC FIT** | | | | | |
| **School** | |  | | | |
| **Lead contact in the School** (for this purpose) | |  | | | |
| **Does the School support the continuation of this relationship in principle?** | | Yes  No | | | |
| **Please provide a rationale for the continued strategic importance of this partnership to the University,**  (referring to any actual or anticipated benefits to the School or the University from the partnership.) | |  | | | |
| **STAFF RESOURCES** | | | | | |
| **Academic Liaison Tutor (ALT) requirements** | **Course** | | **Name of current ALT** | **New ALT required**  Yes/No | **Details of continued appointment/ new ALT** |
|  | |  |  |  |
| **Do you foresee any difficulties in appointing replacement ALTs where required?** | | Yes  No  If yes, please provide details: | | | |
| **Please confirm the hours allocated for ALTs to carry out their duties** | |  | | | |
| **Additional comments**  (if required) | |  | | | |

**PART E - 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.

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

**PART F - ACADEMIC APPROVAL REQUIRED**

* If approved, 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.