This templates is to be completed once the UK Collaborations Business Evaluation Group (UK BEG) has approved a proposal to go forward for business evaluation.

Please complete a separate template for each course proposal.

Sections B, C and D should be completed concurrently where possible.

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| **SECTION A – About the proposal – To be completed by the Centre** |
| A1 | **Name of Centre** |
|  |
| A2 | **Designation of Centre** |
| [ ]  Private College [ ]  Public University  | [ ]  Further Education College [ ]  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A3 | **Name and email address of Centre contact** (for this purpose) |
|  |
| A4 | **Proposed course title** |
|  |
| A5 | **Final award** |
| [ ]  FdA [ ]  FdSc[ ]  BA | [ ] BSc[ ]  MA [ ]  MSc | [ ]  MRes[ ]  PGCert [ ]  PGDip |
| A6 | **Higher or degree apprenticeships only** |
| Please state the apprenticeship standards to be used for the award:Please indicate any employers involved in the design and delivery of the award: |
| A7 | **Will there be pathways that lead to different award titles** |
| [ ]  Yes [ ]  NoIf yes, please state pathway titles: |
| A8 | **Proposed start date** (date of first student intake for the new /changed course) |
|  |
| A9 | **Will this course have multiple start dates in each year** |
| [ ]  Yes [ ]  NoIf yes, please state:  |
| A10 | **Duration of study** |
|  |
| A11 | **Mode(s) of study (select all that apply)** |
| [ ]  Full-Time [ ]  Part-time (day and evening)[ ]  Part-time (day)[ ]  Part-time (evening)  | [ ]  Part-time (weekend)[ ]  Blended [ ]  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A12 | **Delivery location** (state all locations at which the course will be delivered) |
|  |
| A13 | **Will the course include any type of work placement or work like experience?** |
| [ ]  Yes [ ]  NoIf yes, please give brief details (duration / location etc.): |
| A14 | **Does the proposal involve a Professional, Statutory or Regulatory Body (PSRB) or any other form of accreditation?** |
| [ ]  Yes [ ]  NoIf yes, please give provide details: |
| A15 | Foundation degrees only:**What is the proposed progression route?** |
| **Is this a NTU course?** [ ]  Yes [ ]  No**If yes, have discussions taken place with the School?** [ ]  Yes [ ]  No |
| A16 | **Student numbers forecast for the first 3 cohorts**  |
| Cohort 1: | Cohort 2: | Cohort 3: |
| A17 | **What research have you carried out to assess the market for this course?** |
|  |
| A18 | **Will the Centre potentially use the e-Library (for business and management courses) or walk in library access?** |
| [ ]  Yes [ ]  No |
| A19 | **When do you anticipate marketing this course?** (Please note that NTU’s approval is required to advertise the course subject to validation and permission to do this is part of the business evaluation) |
|  |
| A20 | **Please outline the rationale for the proposal** (including need and likely market for the course) |
|  |
| A21 | **Additional comments** (if required) |
|  |
| A22 | **Please enter your name here as confirmation that this proposal has received authorisation via an appropriate committee at Centre level:**  |
| **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Centre action**: having completed the section above, please return this template to the Collaborations and Partnerships Team at CADQPartnerEnquiries@ntu.ac.uk

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| **SECTION B – About the proposal – To be completed by the Centre for Academic Development and Quality (CADQ)** |
| B1 | **Does the proposal have staffing implications for CADQ?** |
|   |
| B2 | **If this is an existing partner, please include the dates of the following:** |
| Institutional Agreement:Financial Schedule: |
| B3 | **If this is an existing partner, please include details of the current validated courses, locations and approval period** |
| Course | Delivery site | Period of Approval |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| B4 | **How many days will the academic liaison tutor potentially be away from the University during the visit?**  |
|  |
| B5 | **If this is an existing partner, is there a history of concerns / problems from an operational or quality perspective?**  |
| [ ]  Yes [ ]  NoIf yes, please give provide details: |
| B6 | **What revenue is it anticipated this proposal will generate?** |
|  | **Year 1 (201\_/\_\_)** | **Year 2 (201\_/\_\_)** | **Year 3 (201\_/\_\_)** |
| **Income** |  |  |  |
| **Costs** |  |  |  |
| **Margin** |  |  |  |
| **What assumptions are these figures based on? (e.g. fee per student, number of students studying at the partner institution and progressing to NTU, number of verifiers)** |
|  |
| **Is a full costing model attached?** |
|  |
| B7 | **Additional comments:** |
| (If this is an existing partner, please include any relevant background information about this centre that is pertinent in the consideration of this proposal) |

 **CADQ action**: having completed the section above, please email this template to the contact at the link School (Dean and Deputy Dean) and with a copy to the College Finance and Planning Manager

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| **SECTION C – Consideration of the proposal – to be completed by the Deputy Dean** |
| C1 | **Name of the lead contact person in the School** (for this purpose) |
|  |
| C2 | **Can an academic liaison tutor be identified from existing staff resource?**  |
| [ ]  Yes [ ]  No |
| C3 | **Will backfill be required to cover the role of the academic liaison tutor when undertaking duties?**  |
| [ ]  Yes [ ]  No |
| C4 | Foundation degrees only:**Is the proposed progression route appropriate?** |
| [ ]  Yes [ ]  No**Is there the capacity to admit students with advanced standing as per proposed progression route?** [ ]  Yes [ ]  No |
| C5 | **Can the Centre advertise the course ‘subject to validation’?**  |
| [ ]  Yes [ ]  No |
| **If the proposal is not supported, please provide a brief rationale.** |
|  |

 **Deputy Dean action**: having completed the section above, please email this template to the College Finance and Planning Manager

**Note:** a financial evaluation will need to be completed and submitted to School Executive along with the completed template.

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| **SECTION D - Outline financial appraisal – to be completed by the College Finance and Planning Manager**  |
| D1 | **For existing Centres, please provide details about the Centre’s payment history**  |
| [ ]  Yes [ ]  No |
| D2 | **Is the prospective income sufficient to cover resource costs?**  |
| [ ]  Yes [ ]  No |
| D3 | **Is there an intention to charge a set up or consultancy fee?**  |
| [ ]  Yes [ ]  NoIf yes, will this be negotiated with the Centre, please give details. CADQ will require details in order to invoice the Centre following academic approval |
| D4 | **Additional comments**  |
| Please provide details of considerations to take into account before proceeding? |

**Finance and Planning Manager action**: having completed the section above, please email this template to the Collaborations and Partnerships Team at CADQPartnerEnquiries@ntu.ac.uk for consideration by School Executive.

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| **SECTION E: Approval outcomes**  |
| E1 | **School Executive appraisal** |
| [ ]  Approve to go forward to UK BEG [ ]  Reject**Comments:****Date of Meeting:** **Chair:**  |
| E2 | **UK BEG appraisal** |
| [ ]  Approve to go forward to academic approval [ ]  Reject**Comments:****Date of Meeting:** **Chair:**  |