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** | | | | | |
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| 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  No  If 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  No  If 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  No  If 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  No  If 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?** | | | | | |
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| 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) | | | | | |
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| A21 | **Additional comments** (if required) | | | | | |
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| 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](mailto: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 | |
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| 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  No  If 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?** | | | | | |
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| 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.** |
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**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  No  If 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](mailto: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:** |