

**Business Evaluation: UK PARTNER ASSESSMENT FORM**

* A member of the Collaborations and Partnerships team will complete this form when any new **UK Collaboration** is being considered.
* A new Partner Assessment form will then be completed for existing partners **each time a partnership is renewed**.

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| **Date form last updated:** |  |
| **Form completed by:** |  |

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

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| **PARTNER INSTITUTION INFORMATION** |
| **Partner name:** |  |
| **Type of institution:** | [ ]  Public University [ ]  Further Education College[ ]  Private University/College [ ]  Other - please specify: |
| **Partner status:** | [ ]  New [ ]  Existing |
| **Details of the proposal:** |  |
| **How does the proposal support the themes of the University’s strategic plan?**  | **Which area(s) of the strategic plan does it align to?**[ ]  Creating opportunity[ ]  Valuing ideas[ ]  Enriching society[ ]  Embracing sustainability[ ]  Empowering people**How will the proposal support the theme(s)?** |
| **Overview of partner:**Mission and ethosCompliance with requirements of regulating bodies/PSRBs |  |
| **NEW PARTNERS** |
| **Details of any current partnerships:**(Include name of partner, courses and type of collaborative arrangement, for example, Validation Service, Franchise.) |  |
| **Details of past relationship or links with partner:** |  |
| **Accreditations/professional recognition:** |  |
| **Does the institution have degree awarding powers?** | FE level Awards Undergraduate Awards Taught Postgraduate AwardsResearch Degrees  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Regulating bodies and links to data/most recent reports**For example, Office for Students, Ofsted |  |
| **EXISTING PARTNERS** |
| **Compliance with post-validation requirements:** | Are there any outstanding annual monitoring conditions? | [ ]  Yes [ ]  No |
| Are there any outstanding conditions on academic approval? | [ ]  Yes [ ]  No |
| Are there any other significant areas of non-compliance?  | [ ]  Yes [ ]  No |
| If you have ticked ‘yes’ to any of the questions above, please give further details: |
| **Is there a history of concerns / problems from an operational or quality perspective?**  |  |
| **Legal agreements:**(Please provide dates) | Institutional Agreement: |  |
| Financial Schedule: |  |
| **Details of current courses awarded by NTU.**  | **See appendix.****(extract from collaborative register)** |
| **Additional comments**(if required) |  |

**PART B – APPROVAL REQUIRED**

* This Partner Assessment form should now be reviewed and considered by the **Collaborations and Partnerships Team Leader** before it is submitted to UKBEG/SET.

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|  | **Collaborations and Partnerships Team Leader** |
| [ ]  Approve [ ]  Reject [ ]  Changes Proposed |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Comments:** |  |

* If approved, the form should be added to Teams site and considered alongside the completed business evaluation form.