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**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 ethos  Compliance 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 Awards  Research 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.