**Proposal for a partnership with a contributing partner**

This proposal is for a partnership with a contributing partner (the University defines contributing partners as an arrangement where an external organisation contributes to a University programme with specific resources and/or delivery input, typically providing industry expertise).

**This form should be submitted for initial consideration by the Programme and Client Approval Group (via** **quality@uwtsd.ac.uk****) before consideration by the Academic Planning Team (APT)**

|  |  |
| --- | --- |
| **Proposed contributing partner** |  |
| **Type of contribution (tick any that apply)** | Provision of resources [ ]  | Delivery input [ ]  | Provision of industry expertise [ ]  |
| **Programme(s) title** |  |
| **Details of any PSRB recognition for the course** |  |
| **Rationale for working with this contributing partner** |  |
| **Details of any support to be provided in terms of****a) student support** **c) staff development****d) marketing of the programme(s)** |  |
| **Relevance of the proposal to the University’s Strategic Plan and associated strategies** |  |
| **Any special conditions or features of the proposal** |  |
| **Potential benefits** |  |
| **Declaration of any conflict, or potential conflict,****of interest held by a member of staff at the University, or a wider stakeholder, in relation to the proposed contributing partnership** |  |

**An initial risk assessment and costing is attached.**

|  |  |
| --- | --- |
| **Name of Proposer:** |  |
| **Role within Institute:**  |  |
| **Signature:** |  |
| **Date:** |  |

**Confirmation that the Institute supports this proposal and seeks approval from APT for the formal development of the above proposal**

|  |  |
| --- | --- |
| **Dean of Institute:** |  |
| **Signature:** |  |
| **Date:** |  |

**FOR ACADEMIC OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of PCAG:** |  | **PCAG recommendation to APT:** |  |
| **Date of APT:** |  | **APT outcome** |  |

**PROPOSAL FOR THE APPROVAL OF A CONTRIBUTING PARTNERSHIP: INITIAL RISK ASSESSMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Partner** | **Rating 1** | **Tick** | **Rating 2** | **Tick** | **Rating 3** | **Tick** |
| **Location** | UK |[ ]  Europe |[ ]  Rest of world |[ ]
| **Partner status** | Educational establishmentSector body |[ ]  Commercial (large)Charity |[ ]  SME |[ ]
| **Student language** | English/Welsh first language |[ ]  UK based English 2nd language |[ ]  OS English 2nd language |[ ]
| **Knowledge of partner** | Previous relationship with the University |[ ]  Existing relationship with another Welsh HEI |[ ]  No previous knowledge |[ ]
| **Initial view of partner resources** | Large and well resourced |[ ]  Small but well resourced |[ ]  Unknown, or potentially more serious issues |[ ]
| **Subtotals** |  |  |  |  |  |  |
|  |  | x1= |  | x2= |  | x3= |

**TOTAL SCORE**......................................

**OVERALL LEVEL OF RISK: Low risk: 5-10; Medium risk: 10-16; High risk: 17-23**

**PROPOSAL FOR THE APPROVAL OF A CONTRIBUTING PARTNERSHIP: Outline Business Case (*please consult finance department for initial estimates*)**

|  |  |  |
| --- | --- | --- |
| 1. | **Market Analysis**1. Evidence of business potential
2. Benefit for University

(Provide an account of the overall business benefits to the University and the Institute) |  |
| 2.  | Estimated Costs 1. Any initial visit costings (estimated)
2. Staff time (estimated)
3. Initial additional resources
 |  |
| 3. | 1. Estimated Income and Expenditure
	1. Fee Income Estimate
	2. Staffing cost Estimate
	3. Any additional Resources Estimate

(Provide estimated student numbers and an assessment of like costs as an initial estimate) |  |