**Permission to Engage with a Potential Accreditation Client**

This form is to be used to request permission to engage with an external client who wishes to seek accreditation for their sector–specific, in-house or generic courses. This initial stage is intended to briefly outline the proposal and seek permission to engage further with the client to ascertain the detailed proposal. This (i) considers the value and fit with UWTSD strategic objectives and avoids accreditation tutors undertaking unnecessary work, (ii) highlights areas of risk that need extra intervention/mitigation or referral to the Collaborative Partnership Office (CPO) for consideration, (iii) maintains harmony in the relationship with the client and (iv) protects UWTSD from reputational damage.

**This form should be submitted by the Dean of Institute for consideration by the Senior Leadership Team (SLT)**

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| **INTRODUCTION TO THE CLIENT** | |
| **Proposed client name and address** |  |
| **Type of organisation** (public body/ commercial/charity /quango, etc.) |  |
| **Institute / Academic Discipline** |  |
| **Rationale for working with this client and extent/potential of the proposal** |  |

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | Is the client reputable and an established organisation (not individuals)? |
|  |  | Please confirm that due diligence will be completed prior to submission of the AC2 accreditation proposal to the Curriculum Planning Group. |
|  |  | Does the Institute have suitable occupational competence in the subject for accreditation and moderation? If not, please explain in the rationale section above how this will be achieved and associated costings. |
|  |  | Are the accreditation cohort numbers viable? Will all UWTSD costs be covered and a profit made? If not, but the partnership is of strategic value, please explain in the rationale section above. |
|  |  | Is the language of delivery an official language of Wales (Welsh or English)? Other languages will not be considered. |
|  |  | Are there any known risks that require mitigation? If so, please explain in the rationale above. |

**Confirmation that the Institute seeks permission from SLT to engage with a potential Accreditation Client:**

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