**CCCU COLLABORATIVE PROVISION**

**International Partner Proposal and Due Diligence**

The purpose of this form is to consider the due diligence information provided by the partner and enable decisions on the partners ability to provide academic provision at the levels expected by CCCU. This form should be used for all partnership arrangement (Please refer to the taxonomy document and guidance document).

This form is structured in three sections which will need to be completed by reviewing information supplied by the partner through the Application and Supporting Documents:

|  |  |
| --- | --- |
| **Section** | **Responsibility for completion**  |
| Section A | Academic Lead (AL) and appropriate partnership office in collaboration with the relevant departments |
| Section B | CCCU expert stakeholders |
| Section C | QSO prior to submission of documents to an approval panel |

**SECTION A**

**1 PARTNER INFORMATION**

(Note that the proposed partner name and contact details are provided in the partner application document)

|  |  |
| --- | --- |
| **Name of the proposed partner**  |  |
| **Registration address (Registered Office)** |  |
| **Country of proposed delivery (if different to the details above)** |  |
| **Organisation’s Web address** |  |
| **Details of the main contact person****(name and contact details)** |  |

**2 SUMMARY OF ACADEMIC COLLABORATION PLANS**

|  |  |
| --- | --- |
| **2.1** | **Please indicate the type of arrangement proposed:** |
|  | **Type of arrangement:** | **Tick all that apply** |
|  | Franchise  |  |
|  | Validation |  |
|  | Articulation |  |
|  | Joint Degree |  |
|  | Dual Degree |  |
|  |  |
| **2.2** | **Please provide details of the courses and the proposed plan for commencement of delivery:**(Consider all the proposed courses and anticipated delivery dates) |
|  | **Course Title(s)** | **Anticipated Delivery Date** |
|  |  |  |
|  |  |  |
|  |  |  |
| **2.3** | **Course development and approval timescales:**(Provide details of the envisaged timelines for developments, approval to meet with the anticipated delivery dates) |
|  |  |

**3 RATIONALE FOR THE PROPOSAL**

|  |  |
| --- | --- |
| **3.1** | **Please outline reasons why this partnership would be beneficial to the University.** (Based on your evaluation of the partner’s application and the evidence provided) |
|  |  |
| **3.2** | **Please provide a brief explanation of the long-term plans for the partnership and any opportunities for expansion of the portfolio.**(In view of the partner’s stated strategic direction and strength, capacity for future inclusion of other courses, other outcomes such as research and knowledge transfer, and staff and student exchange). |
|  |  |
| **3.3** | **In view of the proposed partner’s current and past collaborative provisions, comment on how these might impact on this proposal and long-term considerations.** (Considering the information provided in the partner application, the strength of the partner as an education provider) |
|  |  |
| **3.4** | **Please explain how the partnership will likely enhance the University’s position internationally** (include for example, contribution to the University’s Internationalisation Strategy and educational capacity building) |
|  |  |
| **3.5** | **Please provide a brief explanation of how the proposed collaboration will build on the academic strengths of the Academic unit/School/University** |
|  |  |

**4 STUDENT RECRUITMENT PLANS**

|  |  |
| --- | --- |
| **4.1** | **Comment on the evidence for demand and target market for the proposed courses and long-term academic sustainability of each course.**(Consider all the information provided by the partner and where available, CCCU market analysis). |
|  |  |
| **4.2** | **Comment on the feasibility of projected student numbers.** (Consider all the information provided by the partner and where available, CCCU market research). |
|  |  |

**5 RESOURCE IMPLICATIONS**

|  |  |
| --- | --- |
| **5.1** | **Please provide details of Financial Resources needed to run the partnership**Please consult with the appropriate professional service department to provide details of:* Potential income from the partnership.
* The type of resource and likely costs which may include learning resources, teaching space, residential accommodation and staffing costs.
* Any exceptional costs that may be incurred in pursuing this partnership – this should take account of costs of overseas venue checking and validation, external examiners travelling abroad, exceptional Board of Examiners expenses, and exceptional staffing costs.
* The likely financial sustainability of the proposed partnership.
 |
|  |  |
| **5.2** | **Please provide a brief explanation of the availability, where needed, of appropriate CCCU academic expertise to support the collaboration?**  |
|  |  |
| **5.3** | **Please explain the resource implications where delivery and assessment will be undertaken in a language other than English** |
|  |  |

**6 PROPOSED PARTNER’S EDUCATIONAL REGULATION**

|  |  |
| --- | --- |
| **6.1** | **Legal and Regulatory Frameworks for the Country of delivery**Please confirm regulatory requirements and that the partner meets these. Any requirement for in-country approval/registration/accreditation of courses or CCCU prior to delivery.  |
|  |  |
| **6.2** | **Accreditation/recognition status**Please confirm the organisation’s accredited/recognised status accorded by the relevant authorising bodies. The proposed partner should provide up to date relevant supporting information/documents e.g. a copy of the licence to operate, listings on Ministry of Education/Qualifications Agency websites/registers. |
|  |  |
| **6.3** | **Proposed partners country’s education system**Please briefly explain how the education system aligns with the proposed courses to allow for seamless transition to the UK system/taking up UK courses – ensuring that students will be able to engage with their studies. |
|  |  |
| **6.4** | **Legal and regulatory capacity for joint awards – (complete only where these awards are proposed)*** Joint Awards – where two organisations pool their degree awarding powers to offer a programme jointly and where there will be a joint set of regulations.
* An articulation agreement – a formal agreement that allows specific credit that has been gained from one higher education institution to be transferred to another institution as advanced standing.
* Dual Awards – where two organisations are offered through a single programme of study and where there are separate learning outcomes for each award.

Please confirm that any national legislation, national or regional qualifications frameworks that apply to the awarding bodies allow for the University’s award. |
|  |  |

**7 PROPOSED PARTNER’S EDUCATIONAL PROVISION AND EXPERIENCE**

|  |  |
| --- | --- |
| **7.1** | **Academic Portfolio – own delivered and partnerships**Please briefly comment on how the partner’s portfolio, assure the University of fitness to deliver the proposed courses. If the proposed partner has not previously offered higher education courses, explain the support that will be required to develop the capacity needed. |
|  |  |
| **7.2** | **Student recruitment, application and admission processes**Please confirm that the proposed partner’s student recruitment/admissions processes are aligned to CCCU expectation including use of recruitment agents.  |
|  |  |
| **7.3** | **Proposed partner reputation**Please consider available external quality body information and explain how any issues that arise may impact on the proposed partnership – web searches or any other sources of information. |
|  |  |

**8: ACADEMIC STAFF**

|  |  |
| --- | --- |
| **8.1** | **Human Resources** Confirm that CVs are provided of the organisation’s teaching staff and that sufficient staff will be in place for each course offered. |
|  |  |
| **8.2** | **Recruitment and management of staff**Please confirm that the organisation’s procedures and plans for recruiting teaching staff, as detailed in the documents provided will ensure consistent availability of staff for the courses offered. |
|  |  |

**9 ACADEMIC/PROFESSIONAL CAPACITY TO DELIVER LEARNING, TEACHING AND SUPPORT**

|  |
| --- |
| **Comment on the extent to which the arrangements for these areas are consistent with the CCCU expectations:*** Quality assurance and standards
* Student conduct and Complaints procedures
* How information is provided to students
* Student support services
* Student career advice
* Fitness to practice/professional suitability procedures
* Occupational health clearance for students (where relevant)
 |
|  |

**10 GOVERNANCE, STRUCTURES AND POLICIES**

|  |  |
| --- | --- |
| **10.1** | **Organisational structure** Comment on the extent to which the arrangements and documents are consistent with CCCU expectations. Consider the following areas:* Organisational structure
* Operational structure
* Data protection
* Anti-bribery or Anti-corruption and whistleblowing policy
* Policy on gifts and hospitality
* Process for public information on the partnership – communication procedure
* Equality and diversity
* Safeguarding
 |
|  |  |

**11 RISK CONSIDERATIONS**

|  |  |
| --- | --- |
| **11.1** | **Consideration of risks identified at the initial stages**Please comment on the risks identified in the initial application to SAPB and how these will be mitigated. |
|  |  |
| **11.2** | **Any other risks**Please provide details of any risks and how these have been/will be addressed or impact on this proposal.  |
|  |  |

**SECTION B**

This section is to be completed by the respective CCCU experts following review of the documents provided by the proposed partner. In the respective section, the experts must confirm that the partner meets the CCCU expectations, and any risks have been or can be addressed.

**1 LEGAL STATUS REVIEW**

|  |
| --- |
| **1.1 Name of person signing off and date** |
|  |
| **1.2 Legal status and the parent company**GLS confirm reviewing all the information and documents provided by the proposed partner. GLS to add comments below that any relevant risks identified have been addressed and that there are no further significant issues. |
|  |
| **1.3 GLS to confirm one of the following:** | Tick as appropriate |
| * No issues identified in relation to this partner
 |  |
| * Some issues identified but mitigations proposed are deemed sufficient
 |  |
| * Significant issues identified - partner cannot be signed off at this time.
 |  |
| * Significant issues identified - do not recommend proceeding with this partnership.
 |  |
| If any issues have been identified, please provide information below: |
|  |

**2 FINANCE REVIEW**

|  |  |
| --- | --- |
| **2.1** | **Name of person signing off, date and comments** |
|  |  |
| **2.2** | **Funding** **CCCU finance to confirm reviewing all the proposed partner documents, for financial arrangements:*** Government funding letter where relevant.
* Audited Accounts or equivalent records for the last three years, plus a copy of the Management Accounts or equivalent records since the end of the last accounting Period organisation’s registered charity number or registered company number (if applicable).
* Details of the organisation’s financial structure.
* Annual report.
* Letter of financial backing from a parent company.
 |
|  |  |
| **2.3** | **Overseas Financial Framework** Comment on risks and whether these have been addressed |
|  |  |
| **2.4** | **Business and ethical interests/links**Review the documents and comment on any risks |
|  |  |
| **2.5** | **Student funding arrangements**Review the funding arrangement documents and comment on any risks. |
|  |  |

|  |  |
| --- | --- |
| **2.6 Finance to confirm one of the following** | Tick as appropriate |
| * No financial issues identified in relation to this partner
 |  |
| * Some financial issues identified but mitigations proposed are deemed sufficient
 |  |
| * Significant financial issues identified - partner cannot be signed off at this time.
 |  |
| * Significant financial issues identified - do not recommend proceeding with this partnership.
 |  |
| If any issues have been identified, please provide information below: |
|  |

**3 INSURANCE REVIEW**

|  |  |
| --- | --- |
| **3.1** | **Name of person signing off and date** |
|  |  |
| **3.2** | **Update to date Insurance documents****CCCU insurance to review the documents and comment on the level of insurance:*** Public liability
* Employer liability
* Profession indemnity
* Insurance for leased property
 |
|  |  |
| **3.3 Confirm one of the following:** | Tick as appropriate |
| * No issues identified in relation to this partner
 |  |
| * Some issues identified but mitigations proposed are deemed sufficient
 |  |
| * Significant issues identified - partner cannot be signed off at this time.
 |  |
| * Significant issues identified - do not recommend proceeding with this partnership.
 |  |
| If any issues have been identified, please provide information below: |
|  |

**4 PLANNING AND BUSINESS INTELLIGENCE REVIEW**

|  |
| --- |
| **4.1 Name of person signing off and date** |
|  |
| **4.2 Student number projections**Planning and BI confirm reviewing all the information and documents provided by the proposed partner and add comments below that any relevant risks identified have been addressed and that there are no further significant issues. addressed. |
|  |
| **4.3 Confirm one of the following:** | Tick as appropriate |
| * No issues identified in relation to this partner
 |  |
| * Some issues identified but mitigations proposed are deemed sufficient
 |  |
| * Significant issues identified - partner cannot be signed off at this time.
 |  |
| * Significant issues identified - do not recommend proceeding with this partnership.
 |  |
| If any issues have been identified, please provide information below: |
|  |

**SECTION C**

This section should provide a summary of the areas covered to enable decision making by the CCCU approval panel.

**Summary of considerations - Quality and Standards Office Review**

|  |
| --- |
| **Name and Position of Individual who has reviewed the Due Diligence Form on behalf of the Quality and Standards Office.** |
|  |
| **Date of QSO completion of review** |
|  |
| **Site (s) of delivery**(Confirmation venue check completed and signed off - including all the pertinent insurance documents) |
|  |
| **References from current/previous HEI partners** The Quality and Standards Office will have written to previous and current HEI(s) partner(s) to ascertain the experience of other providers who have collaborated with the proposed partner organisation. **Confirmation that Satisfactory References have been received** |
|  |
| **Provide a summary of comments obtained** |
|  |
| **Comment on any further issues that the approval panel need to consider**Consider available external quality body information and highlight any issues for further consideration by the approval panel |
|  |
| **Provide a summary of comments obtained** |
|  |
| **Considerations for the Approval Panel**Please provide a summary of any other points which should be reflected upon by the Approval Panel. |
|  |

**Authorisation that Section A is completed and can be processed by QSO:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **SIGNATURE** | **DATE** |
| Academic Unit/School |  |  |
| If Postgraduate:Dean of the Graduate College  |  |  |
| Director of International:or Director of UK Partnerships /Nominee: |  |  |

**POSC approval:**

|  |  |
| --- | --- |
| Date of POSC Approval |  |
| Any comments  |  |