**CCCU COLLABORATIVE PROVISION**

**Venue Check**

Courses delivered with a partner are generally delivered at venues other than CCCU sites. CCCU has a responsibility to ensure that the venues where courses leading to its awards are delivered, meet the standard expected of education institutions and that the venues and facilities used are suitable for teaching.

A Venue Check for a new partner is completed only after SAPB has provided authorisation for due diligence.

QSO in collaboration with the relevant partnership office will nominate a person to complete the venue check.

When visiting venues, the person should take due care to ensure they have all of the necessary information about the meeting place, the individual they are meeting, the necessary transport information and some knowledge of the safety of the surrounding area. Where it is identified that the environment is potentially hazardous, staff are advised to undertake a Risk Assessment.

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| **Details of person(s) conducting the Venue Check** | |
| **Name(s) of person(s) conducting the venue check** |  |
| **Position** |  |
| **Contact email** |  |
| **Date of venue check** |  |

# Section 1: General Information about Collaborative Partner Institution/Organisation

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| **1.1** | **Name of proposed collaborative partner institution/organisation** |  |
| **1.2** | **Details of partner location (include country)** |  |
| **1.3** | **Name and address of site visited** |  |
| **1.4** | **Name and email details of the venue co-ordinator** |  |
| **1.5** | **Reason for venue check:** | **Tick as appropriate** |
|  | New venue |  |
|  | Additional venue |  |
|  | Reapproval of an existing venue |  |
| **1.6** | **Course (s) to be offered at the venue:**  **(please list these)** | |
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| 1.7 | Estimated number of students to be accommodated at the venue |  |
| 1.8 | Risk Assessment  (Please state whether the venue is within a high-risk environment, i.e. within a custodial setting) and whether a risk assessment is necessary for teaching staff to enter the venue). |  |

**Section 2: Physical Facilities and Resources**

This considers the number and size of teaching rooms (capacity), learning technology rooms, general state of the rooms. The partner should have provided this information, and the visit is to confirm this.

For the Library resources, the partner to provide layout plans for all rooms and images.

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| **2.1** | **Suitability of teaching rooms**    (Comment on, size and layout of the teaching rooms, capacity (number that can be accommodated per room, access for staff and student (use of card access)). |  |
| **2.2** | **Availability of group/study social/quiet study rooms**  (comment on size, layout, capacity, flexibility and accessibility). |  |
| **2.3** | **Suitability of any specialist facilities required for the delivery of the course(s)**  (comment on specific facilities for example the availability of specialist software for computer courses) |  |
| **2.4** | **Suitability of IT and AV Resources for teaching**  (Comment on i.e. IT suites, internet access, interactive white boards, data projectors, staff laptops/access to PCs) |  |
| **2.5** | **Suitability of IT resources**  (Comment on the number of IT facilities open to all students, number of PCs, laptops, loan/booking arrangements, and opening hours) |  |
| **2.6** | **IT support provided to students and staff**  (availability and accessibility of an IT helpdesk - opening hours) |  |
| **2.7** | **Any other comments in relation to teaching spaces** |  |
| **2.8** | **Is there a designated library space?**    (comment on size, capacity, and opening hours) |  |
| **2.9** | **Is there space in the library for quiet study?**  (Comment on size and suitability. Note that the question in section 1 is about the whole building). |  |
| **2.10** | **Suitability of the library resources**  (Comment on or ask questions on the textbooks, journals and how the partner will keep the resources updated). |  |
| **2.11** | **Any other comments in relation to library spaces** |  |

**Section 3: Other resources for students**

This section considers the suitability of resources

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| **3.1** | **Are there recreational facilities available for students?**  (Comment on any recreational facilities on site or nearby, games rooms, common sitting areas nearby parks, gyms) |  |
| **3.2** | **Is there provision for residential accommodation?**  (Comment on whether CCCU students stay in residential accommodation on the venue site and the state of the accommodation) |  |
| **3.3** | **Are there car parking facilities for students?**  (Please provide details of facilities and any booking conditions) |  |
| **3.4** | **Are there convenient public transport links?**  (Please provide details of the accessibility) |  |
| **3.5** | **Any other comments** |  |

**Section 4: Provision for students with disabilities**

This section considers the suitability of resources. The partner should provide layout plans of all rooms; policies aligned to national law (including policy on reasonable adjustments). Take photos where necessary.

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| **4.1** | **Are there designated disabled parking spaces close to the entrance of the venue?**  (Please confirm number available and booking process if applicable). |  |
| **4.2** | **Access to the building**  (Please comment on the accessibility of the main entrance to the building, availability and suitability of ramps, alternative access, use of mobile ramps, automatic door main entrance). |  |
| **4.3** | **If the venue is a storey building, comment on the suitability of access**  (Comment on the availability, suitability and size of lifts to upper floors) |  |
| **4.4** | **Ability to use wheelchairs in the building**  (Please comment on accessibility of doorways/corridors/rooms and layout to allow for wheelchair users) |  |
| **4.5** | **Availability of accessible catering facilities on site?**  (Please provide details of the facilities) |  |
| **4.6** | **Availability of an accessible lavatory**  (Comment on whether fitted with grip rails, an emergency alarm, within proximity to the teaching rooms) |  |
| **4.7** | **If residential accommodation provided, please comment on accessibility of the rooms** |  |
| **4.8** | **Evacuation of individuals with disability**  (Please comment on availability of evacuation plan, Evac chairs and location, Visible fire alarms/or a pager system) |  |
| **4.9** | **Adjustments in the teaching rooms**  (Please comment on; adjustments to accommodate sign language interpreter/personal reader, fitted/mobile induction loops, personal induction loops, zoom photocopy facilities) |  |
| **4.10** | **Find out whether Guide Dogs/support animals are allowed to enter the site/buildings** |  |
| **4.11** | **Any other comments** |  |

**Section 5: Health and Safety**

The venue should have well displayed signs, and the partner should have policies in place.

(Partner should have provided policy documents).

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| **5.1** | **An up-to-date Health and Safety Policy Statement**  (Please confirm with the partner that there is one in place, is regularly updated and can be supplied) |  |
| **5.2** | **First Aid**  (Please comment on any first aid sign, a nominated First Aiders and availability on emergency) |  |
| **5.3** | **Fire Safety**  (Fire Warden/Marshals are trained and available) |  |
| **5.4** | **Fire Safety**  (Comment availability of regularly updated clear fire instructions throughout the venue) |  |
| **5.5** | **Fire Safety**  (Confirm fire escape routes/doors, fire doors and clear from obstructions) |  |
| **5.6** | **Fire Safety**  (Comment on availability of a Fire Risk Assessment) |  |
| **5.7** | **Fire Safety**  (Confirm that fire alarms are working and regularly tested) |  |
| **5.8** | **Fire Safety**  (Confirm the location of fire refuge points) |  |
| **5.9** | **Any other comments** |  |

**Signature:**

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| --- | --- |
| **Signature of Individual(s) Undertaking Venue Check** |  |
| **Date of Signature(s)** |  |

Once the template is completed, please submit to QSO at [QSOpartnerships@canterbury.ac.uk](mailto:QSOpartnerships@canterbury.ac.uk)

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| **Name of QSO member completing the due diligence** |  |
| **Signature of QSO member** |  |
| **Date of Signature** |  |