**Short Course Planning Proposal Form (SCPP)**

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| This form should **not** be used for -      Courses over 400 hours -      Courses over 40 credits -      Level 8 courses  **This form should only be submitted to your Faculty Quality Office after Planning Stage 1 form (PS1) approval has been granted by Academic Strategy Committee.** Where the short course proposed is collaborative, it will be referred to the QSO Standing Panel for approval following the Faculty stage.  The questions in this form will be combined with items 1-16 from PS1 process.  The Short Course Specification will be published on the University webpages once the approval process is complete.  **This form must be accompanied by the following annexes:**  A.      A Student Number Annex, to be completed with Student Number Planning  B.      A Finance Annex, to be completed with the Department of Finance  The Management Accountants in Finance are responsible for producing the Finance Annex in conjunction with a representative from the Faculty. Please contact your Management Accountant to complete the annexes.  If you have any queries, please contact your [Faculty Quality Office](https://www.canterbury.ac.uk/quality-and-standards-office/faculty-quality-staff.aspx). |

1. Initial details

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| What is the award and title of course, which has been approved in-principle by the Academic Strategy Committee (*e.g. University Certificate in Healthcare*) |
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| What date was 'Planning Stage 1’ approved by the Faculty Portfolio Planning Executive (FPPE)? |
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| What date was 'Planning Stage 1’ approved by the Academic Strategy Committee (ASC)? |
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| Conditions imposed by the Academic Strategy Committee (if applicable) |
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| Proposed start date |
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1. Short Course Planning Details

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| What type of short course is proposed? (tick all that apply) |
| Credit bearing  Non-credit bearing  CPD/CE (Continuing Education) course  (please read our definition before answering <https://www.canterbury.ac.uk/quality-and-standards-office/management-of-the-academic-portfolio/docs/planning/CPD-CE-Definition.pdf>)  Certificate of attendance only  Course facilitating access to University resources (e.g. computing account, library card, etc)  Other, please state…. |
| Credit value / total learning hours if not credit-bearing (tick all that apply) |
| Non-credit bearing  20 credits  40 credits  200 learning hours  400 learning hours  Other, please state… |
| HE Level |
| 0  4  5  6  7 |
| Mode of delivery (tick all that apply) |
| Face-to-face  Blended learning  Online learning via HEP  Other, please state…. |
| Mode of attendance |
| Full-time  Part-time  Both full-time and part-time  Apprenticeship |
| Location(s) of delivery |
| Canterbury Campus  Medway Campus  Salomons  Collaborative Partner  Apprenticeship employer premises  Online |
| If you answered Collaborative Partner or Apprenticeship in Q11, provide the delivery location here and answer Q13-17. If not, go to Q18. |
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| Type of Collaborative Provision |
| N/A  Validated  Franchised (partner delivers CCCU course)  CCCU accredit the course  Use of partner venue only  Other, please state… |
| Name of Academic Link Tutor (designate) (only required where collaborative) |
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| Is the course already validated by CCCU? |
| Yes  No |
| If you answered Yes to Q15 please state the title and code of the parent course here |
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| If you answered Yes to Q15, will students be taught separately from existing students? |
| Yes  No |
| Are Special Regulations required? *(If yes please provide details)* |
| Yes No Details….. |
| What is the primary source of funding for the proposed course?*Full list of major sources of funding can be found here (*[*hesa.ac.uk*](http://hesa.ac.uk/)*)* |
| Office for Students (OfS)  Department of Education (DfE)  Wholly NHS funded  UK Public Corporation / Nationalised Industry  EU Commission  Overseas Government / Organisation  Other funding council  Funded entirely by student tuition fees  Funded entirely by student tuition fees  Other, please state… |
| Proposed fee *For further guidance please see: FP 1.1 - Setting of Tuition and Accommodation Fees at* [*https://cccu.canterbury.ac.uk/finance/financial-procedures/financial-procedures.aspx*](https://cccu.canterbury.ac.uk/finance/financial-procedures/financial-procedures.aspx)*)* |
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| Number of students per cohort, per annum (headcount/fte) |
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| Number of intakes per academic year |
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| Duration of course (e.g. 6 weeks/12 weeks) |
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| Indicative course structure *(please include the planned delivery pattern, University calendar to which the course most closely aligns, and number of groups)* |
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| Total learning hours |
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| Scheduled contact hours |
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| Guided independent learning hours |
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| Independent learning hours |
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| Placement / work-based learning hours |
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| Total number of additional hours for delivery to cohort, based on the student numbers in the financial annex *(e.g. scheduled contact 6 hours per student, placement learning 200 hours)* |
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| Name of Course Director (designate) |
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| Name of proposed External Examiner *(the EE appointment process needs to be followed to apply for and confirm the appointment - see* [*https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx*](https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx)*)* |
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| Additional staffing requirements *(e.g. state if new staff appointments are needed)* |
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| Professional Service resource requirements *(Please confirm that you have liaised with the departments that will support the operation of this course, to ensure there is sufficient capacity to deliver the resources required e.g. rooming, IT; library and learning resource; specialist facilities; smartcard; registration capacity; certification capacity etc)* |
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1. Short Course Curriculum Specification

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| Course Aims |
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| Course Intended Learning Outcomes |
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| Provide a short general Introduction to the course |
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| Annual Calendar |
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| Relationship of this course to national and subject reference points |
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| Student support, engagement and course management plans |
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| Work-related experience arrangements (where relevant) |
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| Collaborative arrangements (where relevant) |
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| PSRB requirements and arrangements (where relevant) |
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1. Short Course Approval Signatures

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| **On behalf of the School/Centre** |
| I confirm that the resources required for this course are available, or where this is not the case that they have been included in the School / Centre Business Plan for approval by the Dean of Faculty and SMT |
| **HEAD OF SCHOOL/CENTRE**  **Signature: Date:** |

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| **On behalf of the Faculty (to be signed by the Faculty Registrar following consideration at the Faculty Quality Committee)** |
| **Delete as appropriate:**  **Either**  I confirm that this development is within the scope of the Faculty Business Plan and that expenditure will be met from the Faculty budget. I agree that the course should proceed to approval.  **Or**  I confirm that this course proposal features expenditure or resources that are additional to the Faculty Business Plan and Faculty Budget. An application for these resources has been made through the Business Planning Process for approval by SMT. |
| **DEAN OF FACULTY**  **Signature: Date:** |

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| **On behalf of the Faculty (to be signed by the Faculty Director of Quality following consideration at the Faculty Quality Committee)** |
| I confirm that the development is aligned with the University’s quality assurance requirements for short courses. |
| **FACULTY DIRECTOR OF QUALITY**    **Signature:** **Date:** |
| **On behalf of International / UK Partnerships (only where collaborative provision is required)** |
| I confirm that the development is aligned with the University’s strategy for International / UK partnerships and I agree the proposal should proceed to approval. |
| **Director OF INTERNATIONAL / DIRECTOR OF UK PARTNERSHIPS (OR EQUIVALENT)**  **Signature: Date:** |

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| **On behalf of Graduate College (where postgraduate research is required)** |
| I confirm that the development is aligned with the University’s strategy for postgraduate research provision and I agree the proposal should proceed to approval. |
| **DEAN OF GRADUATE COLLEGE (OR EQUIVALENT)**  **Signature: Date:** |

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| **On behalf of Resources (only where additional expenditure/resources are required)** |
| This course involves expenditure/resources additional to those already provided within budget. I confirm that these resources have been agreed through the Business Planning Process. |
| **DIRECTOR OF FINANCE**  **Signature: Date:** |

**Approval tracker**

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| **Date of in principle ASC approval** |  |
| **Date of FPPE approval** |  |
| **Date of FQC approval** |  |
| **Date of Collaborative Approval Provision Sub-Group (CPASG) approval (where collaborative)** |  |