

**INITIAL PROPOSAL TO UNIVERSITY EXECUTIVE COMMITTEE FOR A COLLABORATIVE PROVISION ARRANGEMENT**

**N.B. This document is for internal use only**

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| --- | --- | --- | --- |
| **NAME AND BRIEF DESCRIPTION OF PROPOSED NEW PARTNER ORGANISATION**:  **NAME OF LEAD PARTNER CONTACT:**  **INSTITUTIONAL WEBSITE LINK:** | | | |
| **PROPOSED NATURE OF COLLABORATION Where an academic programme is involved, please include the name of the programme, where the programme will be taught and by whom. Please state whether any staff of the collaborating party will be teaching and/or assessing on the programme.**  Please choose the type of collaborative arrangement proposed:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Validation |  | Franchise/part-franchise |  | Dual or joint degree |  | Flying Faculty |  | Articulation |  |   **PROGRAMME TITLE AND AWARD:**  **LOCATION OF DELIVERY:**  **ST MARY’S UNIVERSITY OR PARTNER STAFF TO TEACH AND ASSESS THE PROGRAMME:** | | | |
| **SPONSOR** (the Dean of Faculty / Director of Institute where the partnership will be managed)**:**  **FACULTY / INSTITUTE NAME:**  **NAME:**  **SIGNATURE:**  **DATE:** | **HEAD OF QUALITY & STANDARDS APPROVAL:**  **NAME:**  **SIGNATURE:**  **DATE:** | | **DIRECTOR OF FINANCE APPROVAL:**  **NAME:**  **SIGNATURE:**  **DATE:** |
| **STRATEGIC BENEFITS TO ST MARY’S FROM UNDERTAKING THE COLLABORATION** | | | |
| **DESCRIBE HOW THE MISSION/VALUES OF THE PROPOSED PARTNER ACCORD WITH THOSE OF ST MARY’S** | | | |
| **PLEASE DETAIL ANY ISSUES THAT MAY CAUSE ST MARY’S MISSION, VALUES OR REPUTATION TO BE COMPROMISED AS RESULT OF THIS PROPOSED PARTNERSHIP** | | | |
| **FINANCIAL & RESOURCE IMPLICATIONS** (including net income) | | | |
| **DOES THE PROPOSED PARTNER HAVE THE LEGAL CAPACITY TO ENTER INTO A COLLABORATIVE PARTNERSHIP?** | | | |
| **SUMMARY OF INITIAL ASSESSMENT OF LEVEL OF RISK: High / Medium / Low\*** (delete as appropriate. The level of risk will be further explored and reported on as part of the due diligence process). Please provide an explanation for the initial risk assessment outcome. | | | |
| **DATE PRESENTED TO UEC MEETING**: | | **APPROVED Y / N** | |
| **SIGNATURES REQUIRED/EMAIL CONFIRMATIONS** | | | |
| **Vice Chancellor** |  | | |
| **Provost** |  | | |

**Please return completed and signed forms to the Collaborative Partnerships Team:** [**collaborations@stmarys.ac.uk**](mailto:collaborations@stmarys.ac.uk) **as soon as possible after UEC approval.**