Partner Review/Renewal: Collaborative Partners Sub-Committee

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| Partnership Summary Information | | | | |
| Name of Partner |  | | | |
| Lead YSJU contact |  | | | |
| School(s) | Choose an item | | | |
| Type of Collaboration | Choose an item | | **Nature of partner organisation** | Choose an item |
| Programmes offered |  | | | |
| Partnership Commencement Date | | Click here to enter a date | | |
| Legal Agreement End Date | | Click here to enter a date | | |

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| Criteria for Re-approval | |
| There remains a valid strategic rationale for the partnership | *How does the partnership remain valid and meet the strategic needs of the School and University?* |
| The partner retains appropriate academic, financial and legal status | *Please provide confirmation the partner continues to hold appropriate legal and academic status – any changes from original partner approval resources should be highlighted.*  *For high risk partnerships (validation and franchise partners), confirmation of financial status is required, through copies or links to Annual Reports and published accounts.* |
| The partnership has met and will continue to meet the University’s expectation for academic quality and standards | *Outline the process in place for on-going monitoring of the quality and standards of the partner’s provision.*  *For franchise and validation partners, annual monitoring reviews should be submitted with this report.* |
| The partnership has operated in line with the legal agreement | *Outline how the partnership has been working in relation to key aspects of the legal agreement including management of the programme. Please provide any examples of issues that have been identified with the legal agreement, and how these were addressed and resolved with the partner.* |
| There is a valid business case for the continuation of the partnership | *Please provide evidence that the partnership has met or exceeded the student numbers that were expected. Where this has not been the case, identify what action had been taken with the partner to address this, and what action is planned for the future, as appropriate.*  *If there have been any additional unforeseen costs in operating the partnership, please outline those here.* |

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| Operation of the partnership | |
| How is a regular dialogue between the School and the partner maintained? |  |
| Have there been any site visits to the partner since the agreement was signed? |  |
| Please provide comments from professional support areas of the University who help to support the partnership | *Responses should be included from:*   * *Marketing and Admissions* * *Registry* * *Library Services* * *Student Support (where applicable)* * *Finance* |

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| Current Collaboration: Programme Titles; Level & Mode of Study; student numbers | | | | | |
| *Please provide details of student numbers for current programmes offered with this partner (add more rows as required)* | | | | | |
| Programme Title(s) | Student Numbers (per cohort) | | | | Mode of Delivery |
| UG (FHEQ 4,5,6) | | PG (FHEQ 7) | |
| Full Time | Part Time | Full Time | Part Time |
|  |  |  |  |  | Franchise, validation, flying faculty, online, flexible? |
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| Partner(s) comments | |
| Please provide confirmation that the collaboration continues to have the senior support of the organisation | *Please confirm the name and role of those confirming this support.* |
| Have there been any changes to resources, staffing or the organisation since the last agreement which may impact on the operation of the collaboration? | *Franchise or validation partners only are required to complete this section.* |
| Outline any areas of good practice or issues that you would like to raise |  |

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| Renewal of the partnership | |
| Are there any proposed amendments to the agreement prior to renewal? | *Please outline any changes being proposed to the amendments and confirm if these have been discussed with the University Solicitor.* |
| Are there any significant changes to the risk profile of the partnership? | *Please include the risk assessment template with this form on submission to Due Diligence Committee.* |
| Outline any factors or mechanisms in place to mitigate risk with regard to the partnership |  |

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| Finance Recommendation | |
| RAG rating | *(Red, Amber or Green)* |
| Signed |  |
| Position | Executive Director: Finance |
| Date | Click here to enter a date |

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| Collaborative Partners Sub-Committee Approval | | | |
| Signed |  | | |
| Name | Amanda Wilcox | | |
| Position | University Secretary |  | Click here to enter a date |
| CPSC date | | Click here to enter a date | |