# AQDC013 Collaborative Additional Site Business Case

This form should be completed by the Partner with support from the Head of Academic Partnerships and Short courses and / or the School Head of Collaborative Partnerships or their nominee in the following scenarios:

1. When an existing collaborative academic partner moves to a new site
2. When an existing collaborative academic partner wishes to deliver London Met provision at an additional site.
3. When an existing collaborative academic partner wishes to deliver London Met provision at an additional site in a new jurisdiction.

Once all necessary sign-offs are recorded on the form, please submit the form to the AQD Partnerships Team –[aqdpartnerships@londonmet.ac.uk](mailto:aqdpartnerships@londonmet.ac.uk).

## Section A – Collaborative Academic Partner Details

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| 1. **Name of Collaborative Academic Partner** |  |
| 1. **Registered address of Partner** |  |
| 1. **Website address** |  |
| 1. **Collaborative Academic Partner Representative details** | Name:  Telephone:  Email: |
| 1. **Institutional approval date** |  |

## Section B – Details on Current Provision

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| 1. **School(s) currently in partnership with the Collaborative Academic Partner e.g. Guildhall School of Business and Law** | 1.  2.  3.  4. |

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| 1. **Teaching location address** | **University site approval date** | **Course Title** |
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## Section C – Proposed new or additional teaching site(s) or campus

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| 1. **Please provide a rationale for delivering London Met courses at the new or additional site/ campus** |  |

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| 1. **Teaching location address** | **Course(s) to be delivered at the proposed new site or campus** | **Proposed start date** |
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| 1. **Legal status and ownership of the new site or campus** |  |
| 1. **Arrangements for lease of the new site or campus (if not owned by the collaborative academic partner).Please attach a copy of the lease.** |  |
| 1. **Insurance arrangements which will be in place in respect of the delivery centre’s responsibilities and liabilities towards students (i.e. public liability and professional indemnity insurance). Please attach details of the insurance documents.** |  |
| 1. **Details of the management and organisational structure of the new site or campus and relationship with other site(s)** |  |
| 1. **Description of the physical and human resources available at the new site or campus, including student support services** |  |

## Section D – Quality assurance

Please explain the quality assurance arrangements that will be in place at the proposed new or additional teaching site/ campus.

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| 1. **Curriculum development, where applicable** |  |
| 1. **Teaching, learning and assessment methods** |  |
| 1. **Feedback to students on assessed work** |  |
| 1. **Tracking student progression and achievement** |  |
| 1. **Monitoring and review of courses** |  |
| 1. **Collection and evaluation of student feedback** |  |
| 1. **Management and administration of the assessment process** |  |
| 1. **Student complaints and academic misconduct** |  |
| 1. **Student engagement** |  |
| 1. **Maintenance of student records** |  |
| 1. **Staff appointment, monitoring and development** |  |

## Section E – Financial impact on London Metropolitan University

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| **Please explain any additional financial impact on the University and/or School(s) if the additional or new site was to be approved.** |
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## Section F – Sign off

By signing the document you are confirming that all sections have been fully completed, resources fully considered and impacted departments have been consulted.

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| Partner Representative: | Name:  Signature and date: |
| Head/Dean of School Name: | Name:  Signature and date: |
| School SMT/SLTQC | Meeting Date: |
| Partnerships Office Representative | Name:  Signature and date: |
| Finance Department: | Name:  Signature and date: |
| Academic Registry (Academic Quality and Development): | Name:  Signature and date: |
| School Head of Collaborative Partnerships Name: | Name:  Signature and date: |