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| **PD2:**  **NEW OR EXISTING AWARD TITLE TO BE APPROVED/**  **DELIVERED BY A NEW OR EXISTING COLLABORATIVE PARTNER** |

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| **Document Owner:** Student Learning & Academic Registry  **Version number: 11.0**  **Effective date:** September 2023 (Academic Year 2023-24)  **Date of next review:** July 2024  *This document is part of the University Quality Framework, which governs the University’s academic provision.* |

# PD2



Student Learning & Experience Committee

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| **New or Existing Award Title to be Approved/Delivered by a New or Existing Collaborative Partner**  (Please refer to[**Notes of Guidance**](https://www.tees.ac.uk/docs/DocRepo/Quality%20framework/B-Annex%208%20-%20Guidance%20for%20Completion%20of%20Portfolio%20Development%20Proposal%20Forms.docx)when completing this Form) |

**For non-standard course set-up, please consult with Finance prior to the completion of this form**

**This form must be submitted electronically (including signatures and confirmation of an approved Course Costing Template) to** [**QAV@tees.ac.uk**](mailto:PortfolioDevelopment@tees.ac.uk)

Finance Systems – On receipt of an approved PD form, please ensure the award title is set up as “Subject to Approval”.

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| **1** | **University School associated with this Award:** |  | |
| **2** | **Associated School(s) associated with this Award:** |  | |
| **3** | **Name of the Proposed Collaborative Partner who will deliver this award including campus delivery location where applicable:** |  | |
| **4** | **Using the University’s Partner Typology, which type best fits the proposed award?** | 2. Co-delivery  3. Franchised  4. Validated  7. Placement/Workplace  Learning | 8a Dual Award  8b Joint Award  9. Remote  Delivery  N/A |

**Section A - Proposed Award Details**

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| **5** | **Title of Award:**  Include all enrolment/target awards, plus any named intermediate/fallback awards | | | | |
| **Award e.g., BSc (Hons)** | **Full title** | **SITS Code (MCR)**  **(of existing award)** | **Mode of Attendance**  *(Select all that apply)* | **Duration** |
| *Final Award:* | *Final Award Title:* |  | FT  PT  FTSW |  |
| *Named Intermediate/Fallback Award:* | *Named Intermediate/Fallback Award Title:*  ***(Must be provided for award titles with (Advanced Practice))*** |  | N/A | N/A |
|  | ***If the title used for marketing purposes differs from the award title stated above, please provide further details below:*** | | | | |
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|  | ***Where the duration/course structure differs from TU provision, or other collaborative partners, please provide a structure diagram or spreadsheet to clarify course set up.*** | | | | |

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| **6** | **Subject Code** | HECoS: | Percentage: |
| HECoS: | Percentage: |
| HECoS: | Percentage: |

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| **7** | **Course Type** | Single (Hons)  Joint (Hons) | Major/ Minor  Other (Please State) |

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| **8** | **FHEQ Level**  Choose from Levels 4, 5, 6, 7 & 8 – see guidance notes for an explanation of levels | **Name of Framework**  (if a pathway through an existing framework) | **Method of Delivery** |
|  |  | Face to Face  Online  Blended |

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| **9** | **Current Delivery Location(s) of the Award (if applicable):** |  |

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| **10** | **Is the proposed course a Foundation Degree course?** | Yes  No  If **YES,** please enter the degree course title students can progress onto: |

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| **11** | **Is the proposed course a progression route from a Foundation Degree?** | Yes  No  If **YES,** please enter the foundation degree course title: |

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| **12** | **Is the proposed course an Accelerated Degree?** | Yes  No |

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| **13** | **Is the proposed course a Professional Apprenticeship?** | |
| Yes  No | |
| If **YES,** please state the associated standard in relation to the level of study: |  |

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| **14** | **Proposed Start Date** | **School** | | **Partner** | | |
| 1. Marketing the Award to prospective students |  | |  | | |
| 1. Recruitment Activities |  | |  | | |
| 1. Course Approval |  | |  | | |
| **Standard Start and End Dates**  Add the year of commencement to the categories that apply below and the [**standard University course start and end dates**](https://www.tees.ac.uk/sections/stud/semesterdates.cfm) will apply  **(Dates applied to current courses can be checked using the following SQL report:** [**CRS0033 Admissions Course Overview**](http://sqlreporting.tees.ac.uk/Reports/report/Students/Admissions/CRS0033%20-%20Admissions%20Course%20Overview)) | | | | | |
| **Type of course** |  | **Year** | |  | **Year** |
| Standard UG | Jan |  | | Jan |  |
| May |  | | May |  |
| Sept |  | | Sept |  |
| Standard PGT | Jan |  | | Jan |  |
| May |  | | May |  |
| Sept |  | | Sept |  |
| **Non-standard delivery**:  Please provide the rationale (a short description of why the course does not follow the standard academic calendar). |  | | | | |
| * Please specify (including partners where applicable): * dates per intake (start and end dates), * mode of attendance, * **MAS Code and SRS Code**(of existing course which can be obtained from the MCR screen in SITS )**:**   *(On-campus provision, please provide the exact date, partner provision, please provide the week commencing date)* |  | | | | |
| Non-standard delivery (outwith the University Academic Calendar) impacts on several key operational aspects within the University.  **The following should be considered:**   * Workforce planning for delivery outside of normal teaching, * Assessment Schedule, Examination Board and Graduation arrangements, * Application and website information for SRM, * Student Accommodation, and * Student Finance and UKVI sponsored student implications. | | | | | |

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| **15** | **Does this award require a mandatory DBS check at the point of application?** | Yes | No |
| 1. If YES, please select the type of DBS required. | Enhanced  Enhanced with Regulated Activity  Employer  Any other, please state | |

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| **16** | **Is there any PSRB Accreditation associated with this award?** | Yes  No |
| If **YES**, please:   1. list the PSRBs: | |
| (b) If **Yes,** note the outcome of any PSRB liaison/consultation regarding the proposals and accreditation process: | |
| (c) Is the award title protected, and has the PSRB confirmed that it is suitable in these circumstances (i.e. to international students/partners)?  **(please attach written evidence to support the requirement)** | Yes, evidence attached  No |

**Section B - Collaborative Partner Details**

**(Partner Details are not required for Typology 7 - Placement/Workplace**

**Learning)**

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| **17** | **Partner Delivery Location:**  ( include campus delivery location and full postal address) |  |

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| **18** | **Does the Partner have an existing relationship with Teesside University**? | Yes  No |
| 1. If **YES**, please give details (including the date of the Site Visit): |  |
| 1. If **NO,** and the proposal is for a **new** Partner please confirm if the Initial Business Case and Approval to Proceed has been granted by the appropriate member of the University Executive Team. | Yes  No |
| 1. If the process described in (b) has not been completed, please outline the current status of what remains to be completed, along with a date of when this will be achieved. |  |

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| **19** | **Staff Delivering and/or Assessing/Moderating the Award:**  i.e., Teesside University staff, Partners | |
| Will this award be delivered and assessed/moderated by TU Staff? | Yes  No |
| If **NO**, please state how this will be managed. | |

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| **20** | **Partner Contact** (please include job role only): |  |

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| **21** | **Is there existing staff expertise to support the award and offer academic leadership?** | Yes  No |
| If **NO**, please identify how this will be managed: |  |

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| **22** | **Please confirm that the TU School is satisfied, in principle based on the CVs received that the Partner has the appropriate resource base to deliver the award and can proceed to the next stage of course approval:** | Yes  No |

**Section C - Rationale, Market and Demand**

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| **23** | (a) **Please provide details for the academic rationale and evidence-based business case for the proposal. This must include the outcome of market intelligence/research, known data about the employment market in this area of the sector, and how the analysis has influenced the development of the proposal.**  (b) **Please detail how the partner will be supported in the delivery and/or assessment, i.e., staff development.**  (c) **Please detail the impact of the expansion on existing quality assurance and management procedures.**  (d)**f a new title is being proposed, identify the rationale for the revised title here.**  In addition, the link and relationship to the University and/or national strategies should be referenced, where appropriate. |
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| **24** | **Please identify if there is a relationship to any existing Teesside University provision.**   1. Will this award impact on existing Teesside University provision? |
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| **25** | **(a) Provide an outline marketing and recruitment plan for the award for full and part-time entrants and identify the resource committed to these activities.** |
| **NB:** *Having identified the start dates for marketing and recruitment in Box 14, please now provide more detail (in terms of approximate dates and actions) on the marketing and promotion of the award and the associated recruitment activities. This information will be used by the TU School(s) to support the Development Team and should map onto strategic planning within the TU School(s) and the University.* |
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| **(b) Who in the TU School and Collaborative Partner will be responsible for the provision of information to inform the development of marketing, promotion and recruitment materials/activities for this award?** |
| *Clearly identify who will be responsible for each activity and if appropriate note what has already been done to market the award.* |
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| **(c) Outline the key selling points of this award, i.e., information that might be used for advanced marketing information on flyers to provide a flavour of the proposed award.** **NB:** This information is only necessary if different to the material used for the existing award. |
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**Section D - Resourcing**

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| **26** | **Size of the proposed annual student intake for each mode of attendance:** | |
| **Actual:** | **FTE:** |
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| **27** | **(a) Resourcing of the award following the Approval Event:**  What will the student numbers for the course(s) be based on? (Please select the **main** funding stream): | | |
| **Funding Stream:** | **Fee Type** | **Please check ONE box:** |
| **OfS Regulated Fee**  (supported by SLC Loans and full-cost fees to international students taught in the UK) Includes TUCP courses | Standard |  |
| Enhanced  (PG only) |
| Non-standard    (\*Please complete section 28) |
| **NHS Contract** (CPD Contract – Tier 1) | |  |
| **NHS Contract** (non-CPD contract) | |  |
| **Directly Funded (Validated)**  (Colleges with direct contracts with OfS) | |  |
| **Education Skills Funding Agency** (Apprenticeships)  *(FCD Systems: new route required from existing title)* | |  |
| **Transnational**  (Courses delivered outside the UK as agreed in the business case) | |  |
| *If the course isn’t covered by any of the above funding streams, then please contact the Senior Planning Officer (Finance) to discuss the requirements, and provide details of the outcome below:* | | |

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| **28** | **Non Standard Fees**  \**Home UG OfS fees are subject to a fee cap set by the Government. The fee cap for 2023/24 is £9,250 per 120 credits.* | | | | | | | |
| **(a)** | Please provide details explaining why standard course fees do not apply including course costing and competitor/market analysis to justify the proposed non-standard fee: | | |  | | | |
| **(b)** | Please provide the proposed course fees for each mode and student type in the table below for approval at the next available Fees Strategy Group meeting: | | | | | | |
| **Full-time** | | | | | **Part-time** | | | |
| **Home**  **(£)** | | | **International**  **(£)** | | **Home**  **(£)** | | **International**  **(£)** | |
| Total Course Fee | | Fee per Annum | Total Course Fee | Fee per Annum | Fee per 120 credits UG/180 credits PG | Fee per 20 credits (Fee per 15 credits for HNC/D) | Fee per 120 credits UG/180 credits PG | Fee per 20 credits  (Fee per 15 credits for HNC/D) |
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| **29** | **Confirmation of Resources to Operate the Award (staffing and physical):**  (in terms of non-staffing related resources, i.e., learning resources and ICT hardware/ software, Course Leaders are advised to consult with the ‘Learning Resources Guidelines’ contained within the ‘Guidance for Course Teams for the Validation of New and Periodic Review of Courses, Including Collaborative Provision’ at the earliest opportunity and to liaise with SLS and ITDS) | |
| 1. **Have you identified this proposal in your School Plan?** | Yes  No |
| If **YES**, please extract the relevant reference and include below: | If **NO**, when and where will you identify and confirm the required resources? |
| 1. **Provide details of any specialist resources required which fall outside the ‘Learning Resources Guidelines’** |  |

***All resource requirements must be signed off between the initial approval of the Course Costing Template and the final Approval Event. Evidence of this must be provided to the Approval Event Panel by the Dean of the School.***

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| **30** | 1. **Member of School Staff Responsible for the Award:** (please use job role only) |  |
| 1. **No of hours allocated to release school staff to support development and marketing activities:** |  |

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| **31** | **Who will manage the Application and Admissions Process?** | SRM  School - Apprenticeship  School – Contracts  School – Other (please state)  TNE  Other (please state) |

**Section E - Confirmation of Initial Support for the Proposal**

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| **32** | **Statement of Support from the Partner (if applicable):**  On behalf of my organisation, I can confirm commitment to the content and assessment of the award, along with the availability/release of staff, where appropriate, to support these activities.  Signed: ………………….…………………………… Date: …………….............……….  Name:……………………………………………….. Designation: ................................  (please print)  **NB:** If it has not been possible to obtain the signature of the Partner, an email or letter noting their support must be attached to this proposal. |

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| **33** | **For proposals which include an International, Employer or TUCP Partner, support is required from the Director of International Development, Head of Business Innovation or in exceptional case requests only, TUCP Board:**  Signed: ………………………………………… Date: ……………………………….  Name: ………………………………………… Designation: ……………………….  (please print)  *TUCP Board Approval Date: …………………………………………….*  *Please tick box below, as appropriate:*  Director of International Development  Head of Business Innovation  TUCP Board |

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| **34** | **Statement of support from Director of Apprenticeships (if applicable):**  I can confirm support for the proposal, based on the business case and the resources as outlined above:  Signed: ……………………………………..…..... Date: …………………………  Name: ………………………………………………  (please print) |

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| **35** | **Approval, in principle, of the sponsoring Dean:**  I confirm support for the proposal based on the approved Course Costing Template (attached) and the resources as outlined above. This includes a commitment from the School to develop the content and marketing of the proposed new award through to the Approval Event and commencement of the award. Staff will be released/supported by the School to undertake these activities.  I confirm the proposal has been approved at SMT and that the resource plans identified in the above proposal will be included in the School Plan.  Signed: ………………………………………………... Date: ...................…………………  Name: …………………………………………….......  (please print) |

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| **36** | **Dean(s) of associated School(s):**  I/we confirm our support for the proposal, based on the business case and the resources as outlined above:  Signed: …………………………………………. Date: ……………………………….  Name ……………………………………………………  (please print)  Signed: ………………………………………… Date: ……………………………….  Name …………………………………………  (please print) |

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| **37** | **Academic Registrar (or nominee):**  I confirm my support for the proposal to proceed as outlined above:  Signed: …………………………………… Date: ……………………………….  Name: ………………………………………………Designation (if nominee):………….  (please print) |

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**For Student Learning & Academic Registry use only:**

**Information to Student Learning and Experience Committee**

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| **SLEC Date** |  |

**Following AR approval, notification to be circulated to the relevant Dean of the School with the Senior Administrator copied in along with:**

|  |  |
| --- | --- |
| **Department** | **Contact Email** |
| Student Recruitment and Marketing | [**SRMLeadership@tees.ac.uk**](mailto:SRMLeadership@tees.ac.uk)  [**Marketing@tees.ac.uk**](mailto:Marketing@tees.ac.uk)  [**SRMACU@tees.ac.uk**](mailto:SRMACU@tees.ac.uk) |
| Finance | [**FCDSystems@tees.ac.uk**](mailto:FCDSystems@tees.ac.uk)  [**G.Bowman@tees.ac.uk**](mailto:G.Bowman@tees.ac.uk)  **P.Graham@tees.ac.uk** |