**Liverpool John Moores University**

**Academic Planning Panel**

**New Collaborative Single Module CPD Proposal Form**

**Section A: Programme Information**

**Section B: Programme Information**

**Section C: Costing Model**

**Section D: Collaborative**

**Section E: Approval**

**Section A: Programme Information**

Completion of this section will help to assess the viability of the proposal. It will also ensure that the programme can be considered by the appropriate committee.

|  |
| --- |
| **PROGRAMME INFORMATION** |
| Proposed programme title including module code and credit size(Your Programme title and Module title MUST match) |  |
| Partner Institution |  |
| UGPGT |[ ]
|  |[ ]
| Owning School & Faculty |  |
| Proposed Programme Leader (name and email address) |  |
| Proposed month and year of first intake (e.g. September 2015) |  |
| Proposed number of intakes per academic year (Please provide start months) |  |
| Mode of delivery and duration in total months(e.g. intensive study for two weeks, delivered over one semester) |  |

**Section B: Programme Information**

|  |
| --- |
| **Please provide detail about the programme** |
|  |

**Section C: Student Numbers and Resources**

|  |
| --- |
| **PLANNING INFORMATION** |
| Fees Information : Proposed fees per student  |  |
| Public body funding expected for this programme (e.g. NHS)? | **Yes** [please give details]**No** |
| If the programme is replacing an existing programme within the portfolio please confirm the date of closure. |  |
| Planned five year student number targets. | Year 1 | Home |  | Int |  |
| Year 2 | Home |  | Int |  |
| Year 3 | Home |  | Int |  |
| Year 4 | Home |  | Int |  |
| Year 5 | Home |  | Int |  |
| Resource Information :(1)Capital requirements e.g. development of laboratories or workshops. (2) Additional academic staff or support staff requirements. | (1) Capital(2) Staffing |
| (3) Additional requirements from Professional Services:- Library Services- IT Services- Technology Enhanced Learning- Estates- Other | Please provide details of any requirements over and above the standard requirements. |

**SECTION D: Collaborative**

|  |
| --- |
| **COLLABORATIVE PROGRAMMES ONLY** |
| **PARTNER DETAILS** |
| Legal Name of the Partners Institution – to appear on the contract |  |
| Educational Name of the Partner Institution – to appear on student transcripts (and certificates where appropriate) |  |
| Institution address*Where an institution is based on more than one site, this should be clarified, and details included of the address for the contract and site(s) where delivery of the LJMU programme is planned.* |  |
| Partnership History | For existing partners | Please provide details of existing programmes and/or partnership activity |
| For new partners | Please confirm date of Partner Approval by the Collaborative Planning Panel |
| **COLLABORATIVE PROGRAMME DETAILS** |
| Name and email address of lead Partner contact |  |
| Name and email address of lead LJMU contact, and Link Tutor where this is different*(This information will be used to inform staff of outcomes of the proposal)* |  |
| Proposed collaborative model (see Academic Partnership Operational Guidance for definitions)*Where the approval will include more than one model, the model for each level should be specified with the number of credits, eg.**Levels 4 and 5 – articulation* *Level 6 – Franchise*  | ValidatedFranchise (of whole programme)Franchise (of existing modules)Distance taughtArticulationJoint awardDual award |
| Description of the fit of the proposed programme to the strategic plans of both LJMU and the Partner |  |
| Is in country approval required before programme delivery can begin?*Detail the approving authority and the likely impact on the start date of the programme.* | YesNo |
| For Joint and Dual awards only – Does the Partner have the legal authority to engage with a Joint or Dual award? | No Yes (give detail) |
| **ADDITIONAL NOTES** |
|  |

**SECTION E: Approval**

**Owing School and Faculty**

|  |
| --- |
| **SCHOOL ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Director of School supporting the business case for the programme and confirming that all areas of the school are aware of the proposal)Date of Consideration at School Management Team |

|  |
| --- |
| **FACULTY ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Executive Dean of Faculty with respect to the strategic fit of the programme within the existing portfolio and Faculty strategic plans)Date of Consideration at Faculty Management Team |

**Additional School and Faculty contributing to delivery**

|  |
| --- |
| **SCHOOL ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Director of School supporting the business case for the programme and confirming that all areas of the school are aware of the proposal)Date of Consideration at School Management Team |

|  |
| --- |
| **FACULTY ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Executive Dean of Faculty with respect to the strategic fit of the programme within the existing portfolio and Faculty strategic plans)Date of Consideration at Faculty Management Team |