

Part C Application

Partnerships and Franchises

1. This form is to be completed by institutions working with another institution either as a franchise or under a partnership agreement. (This does not apply to flying faculties or purpose-built campuses).
2. Only one Part C is required per partner institution not per degree programme.

Section A – Contact & Programme Details

1. Details of validating institution

Date of application:
DD MM YYYY

Name of validating teaching institution:

Contact name of person to whom correspondence should be addressed:

Postal address of main contact:

Email address:

Telephone number:

2. Contact details of overseas institution

Name of overseas institution:

Website:

Name of Head of Department:

Do they consent to being contacted by the CIOB if necessary?

Postal address:

Telephone number:

Email address:

3. Programme details

Degree programme(s) to be considered under this application:

Please indicate the date the partnership commenced and the date of commencement of each degree programme:

Section B – Partnership Agreement

1. Briefly describe the partnership agreement and how it is managed. Please use the QAA B10 definitions i.e. franchise, articulation, etc.

2. How is student work set, assessed and moderated? Please detail each organisation's staff that are involved in each stage.

3. Is the teaching staff employed locally by the partner? If yes, are they required to have a teaching qualification? Please detail if they are full time or part time employees.

4. How is programme content localised, e.g. local legislation, and do teaching staff have an input into course content? Please outline how teaching materials are developed and/or approved by the home institution.

5. What facilities both electronic and hard copy versions, are made available to students e.g. library/laboratories? Please confirm if the student numbers are included in HESA return of home institution.

6. Please describe the student induction process e.g. library and other facilities.

Section C – Sign off

1. Please sign and date the application below:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Print name:

2. Please indicate if you would like details of your accreditation announced on CIOB's website:

Yes:

No:

3. Please tick if the appendices listed below are attached to the application:

CHECKLIST OF APPENDICES

- | | |
|-------------------------------------|--------------------------|
| 1. Programme Specification Document | <input type="checkbox"/> |
| 2. Module Descriptors | <input type="checkbox"/> |
| 3. Student Handbook | <input type="checkbox"/> |
| 4. Work-based Learning Handbook | <input type="checkbox"/> |
| 5. Staff CVs | <input type="checkbox"/> |
| 6. External Examiner Reports | <input type="checkbox"/> |