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| PERIODIC REVIEW and REASSESSMENT ofEducational Collaborative Arrangements *Available on website from Collaborative Arrangements forms bank* at: <http://www.bristol.ac.uk/academic-quality/edpart/>*For further advice on completing this form please contact the Academic Quality and Partnerships Office (AQPO).* |  |
| **1. Academic Lead and School/Faculty** |  |
| *Name and School/Faculty of UoB Academic Lead*  |  |  |
| *Other Schools/Faculties involved in the collaborative arrangement*  |  |  |

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| **2. Nature of collaborative arrangement***Please briefly describe the current collaborative arrangement to be reviewed*  |
| *Name of partner institution(s)* |  |
| *Type of collaborative arrangement (including respective contributions of partners)* |  |
| *Name and role title of lead contacts at partner institution(s)* |  |
| *Start and end dates of current Collaboration Agreement (and original commencement date of partnership, if different)* |  |
| *Title of programme(s) [e.g., BSc in Applied Biology] and current number of students* |  |
| *Location(s) of delivery* |  |
| *Nature of award (e.g., single award by Bristol, joint or dual award)* |  |
| *Accreditation by a professional, statutory or regulatory body (PSRB) if applicable* |  |

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| **3. Delivery of the collaborative arrangement to date***(You may wish to refer to relevant sections of APR reports – please indicate the report date(s) and section(s). The report content does not need to be replicated here).**a. Please describe how the collaborative arrangement has worked to date in relation to the terms of the Agreement, outlining any developments that have taken place in the management or delivery of this arrangement during its period of operation, including any changes to the programme(s); any issues that have arisen and how these have been addressed.* |
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| *b. How is it ensured that the academic standards of the collaborative programme(s) are comparable with the standards of programmes delivered solely by the University? (e.g., with regard to assessment, learning outcomes, progression and award procedures)* |
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| *c. How is it ensured that the quality of the student experience is comparable with the experience in relation to programmes delivered solely by the University? (e.g., with reference to student feedback; how often University representative(s) visit the partner organisation premises/facilities)* |
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| *d. Are there any unresolved issues with the operation of this arrangement and how might they be addressed?*  |
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| *e. Please indicate any further changes envisaged to the delivery of the arrangement if renewed (e.g. any changes to the programme(s), to PSRB requirements if applicable).* |
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| **4. Why is the renewal of this arrangement desirable?***To what extent have the original aims of the partnership been achieved? Are these aims still relevant and appropriate?**How does the collaborative arrangement contribute to School, Faculty or University strategic aims?* *What are the rationale and benefits for renewing this arrangement?* |
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| **5. Funding and Resources***Have the financial and resourcing arrangements, including staff time, been sufficient to cover the commitment and costs of delivery?* *Please provide an outline of anticipated costs in maintaining the collaborative arrangement if renewed. Would any changes to resourcing be envisaged for effective ongoing delivery?**Please describe any prospective changes to underlying funding arrangements (e.g., partner contribution, availability of external funding).* |
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| **6. Significant Risks and Mitigation***Please indicate any significant risks identified in relation to the collaborative arrangement and steps that would be taken to mitigate them if the arrangement were renewed.* |
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| **7.** **School and Faculty Review** *Please comment on the arrangement as appropriate – in terms of how it has worked to date and factors affecting its potential renewal.* |
| **Head of School Comments** |  |
| *Name* |  | *Date* |  |
| **Head of Faculty Finance Comments** |  |
| *Name* |  | *Date* |  |
| **Faculty Education Director/ Faculty PGR Director Comments** |  |
| *Name* |  | *Date* |  |

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| **8.** **Faculty Re-approval**  |
| **Dean of Faculty Comments** |  |
| *Name* |  | *Date* |  |

**Next Steps**

**Arrangements assessed as medium or high risk may require additional information, AQPO will advise if this is the case**

**Please return all completed/signed forms to:** Academic Quality and Partnerships Office, educational-partnerships@bristol.ac.uk, **for reassessment of risk and Review where required.**

The information provided on this form will be used as the basis for the review documentation and be supplemented as appropriate. Academic Leads will be advised by AQPO of the need to obtain further information

**To be completed by the Academic Quality and Partnerships Office:**

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| **9. Risk Re-assessment** |
| *Risk Level*  |  |
| *Comments (including why the risk level has changed, if applicable)* |  |

**To be completed by the Chair of Academic Quality and Standards Committee:**

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| **10. University Review Outcome**  |
| **Recommendation (*in relation to renewal*)** |  |
| *Comments (including any conditions of renewal, if applicable)* |  |
| *Date of AQSC meeting/ decision* |  |