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| **NEW PARTNER PROPOSAL FORM** | | | |
| This form is designed to help you to present a new University partnership to the Collaborative Partnership Board. If you have any questions or would like further information, guidance and support, please contact: [academicpartnerships@swansea.ac.uk](mailto:academicpartnerships@swansea.ac.uk) | | | |
| **GENERAL INFORMATION** | | | |
| **Author:** | |  | |
| **Proposer:** | |  | |
| **Endorsed by:**  *PVC, Head of College/School, Director of PSU or member of SMT (or nominee)* | |  | |
| **Version:** | |  | |
| **Date:** | |  | |
| **College/School/PSU Lead:** | |  | |
| **Level of Partnership (College or University):** | |  | |
| **PARTNER INFORMATION** | | | |
| **Name of Proposed Partner:** | | | |
| **Location of Proposed Partner:** | | | |
| **Website(s) of Proposed Partner:** | | | |
| **Type of Organisation the Proposed Partner is:**  *Private/Public/HE/Research Institute/Business etc.* | | | |
| **Reputation of the Proposed Partner:**  *Local/world HE ranking (where applicable)* | | | |
| **Recognition and In-Country requirements:**  *e.g. Government approval, NARIC, Quality Assurance/QAA/ESG, Professional/Regulatory Bodies* | | | |
| **Existing Partnerships/Affiliations of Proposed Partner:**  *What organisations is the proposed partner already engaged with/linked to?*  *At what level are they engaged? (degree awarding levels etc)* | | | |
| **PARTNERSHIP DETAILS** | | | |
| **Summarise the nature of the proposed partnership:**  *e.g. intended activities/role of partner, associated projects/programmes.* | | | |
| **Will the proposed partnership initially involve the establishment of any new programmes of study or research?**  *If so, a New Programme Proof of Concept Form should be completed and submitted to Academic Quality Services Department.* | | | |
| **Describe the anticipated benefits to Swansea University:**  *e.g. financial returns, brand/profile raising, reputation enhancing, reinforcing or new market presence, institutional positioning, complementary or additional resources, research benefits, research engagement, knowledge exchange, staff & student exchange/mobility, recruitment.* | | | |
| **STRATEGIC ALIGNMENT** | | | |
| **Outline the strategic case for the proposed partnership:**  *e.g. increasing student numbers, diversification of income, REF impact.* | | | |
| **Detail the anticipated timeline for the development of the proposed partnership:**  *e.g. start & end dates of initial scoping, approval process, signing of MoA.* | | | |
| **INITIAL RISK IDENTIFICATION** | | | |
| **Financial Risks:** | *Is the Proposed Partner financially secure/stable – e.g. public HEI?*  *Are there any local conditions affecting finance – e.g. repatriation of funds/tax issues/fraud/corruption?* | | |
| **Legal Risks:** | *What is the legal status of the Proposed Partner?*  *Is there any active/recent litigation?* | | |
| **Academic Risks:** | *Are there appropriate resources and academic expertise?* | | |
| **Ethical Issues:** | *In Country Human Rights issues, links to companies/organisations which may damage the reputation of the University (oil/tobacco/arms)?* | | |
| **RESOURCES** | | | |
| **What are the anticipated costs associated with establishing partnership and the funding sourced?**  *e.g. staff time, travel & accommodation costs, additional resources.* | | | |
| **List the support that the proposed partnership has to date:**  *e.g. HoC, HoD, College Committees.* | | | |
| **Highlight any other general considerations/comments relating to the proposed partnership:** | | | |
| **APPROVAL** | | | |
| **Signed by Proposer:** | |  | **Date:** |
| **Signed by Head of College or Director of PSU:** | |  | **Date:** |
| **Signed by member of SMT (or nominee) for University-level partnership:** | |  | **Date:** |