**CONTACT AND BACKGROUND INFORMATION**

***All information on this form is confidential and is available only to staff involved in the accreditation of the proposal***

|  |  |
| --- | --- |
| ***Name of client organisation*** |  |
| ***Contact person*** |  |
| ***Role*** |  |
| ***Telephone number*** |  |
| ***Email*** |  |
| ***Chief executive officer/Director who will sign off the Contract (MOAC)*** NB: they should be the person within the company to have authority to sign their legal documents |  |
| ***Officer address and email*** |  |
| ***Website*** |  |
| ***Title of the Proposed Course/Activity*** |  |
| ***Number and Level of Credits*** |  |

|  |  |
| --- | --- |
| ***Middlesex University contact*** |  |
| ***University Faculty*** |  |
| ***Role*** |  |
| ***Telephone number*** |  |
| ***Email*** |  |

Please provide the following information

|  |
| --- |
| 1. ***Summary of client organisation profile, type and size of organisation, sphere of activity and/or sector of operation etc.*** |
|  |
| 1. ***Summary of the client organisation training/professional development activities*** *(e.g. scale, scope, audience/target group(s))* |
|  |
| 1. ***Client organisation’s existing relationship(s) (if any) with Middlesex University and/or other universities*** |
|  |
| 1. ***Reasons for proposing the accreditation of learning activity in relation to client organisation aims and objectives*** |
|  |
| 1. ***Type of credit sought: General/Specific*** *(NB: If Specific give details of proposed links with existing named Middlesex University course(s)/module(s))* |
|  |
| 1. ***Client organisation's possible future developments which could involve collaborative work with the University*** |
|  |
| 1. ***Any other information relevant to the proposal such as client organisation’s publicity material etc.*** *(please add additional sheets as required)* |
|  |

**DETAILS OF LEARNING ACHIEVEMENT TO BE ACCREDITED**

*Please complete sections 1-14 making use of attached sheets for each unit/module/area of learning activity for which you are seeking accreditation. The signed form and attached learning activity description information should be submitted to the Officer of the relevant Faculty Committee.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Title of learning activity*** | | | |
|  | | | |
| 1. ***Main purpose or aim(s) of the learning activity*** *(e.g. specific workforce development, continuing professional development etc)* | | | |
|  | | | |
| 1. ***Envisaged or actual start date*** | |  | |
| 1. ***Methods of delivery*** *(e.g. online, presentation, workshop)* | | | |
|  | | | |
| 1. ***Human resources to support learning -*** *Learning Activity Leader, other Tutors/Assessors and highest qualifications* | | | |
| ***Name*** | ***Learning Activity Role*** | | ***Highest qualification*** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| 1. ***Physical resources to support learning*** *(e.g. accommodation and/or equipment etc, please add additional sheets as required)* | | | |
|  | | | |
| 1. ***Admission requirements and procedures*** *(who are the audience/target group? How does recruitment/selection take place?)* | | | |
|  | | | |
| 1. ***Duration of activity (learning hours):*** *This information will be used to help determine the volume of credit that may be associated with the learning activity. As a guide 10 credits equates to 100 learning hours.* | | | |
| 1. *Formal contact hours* | |  | |
| 1. *Estimated other relevant learning hours (e.g. self supported learning)* | |  | |
| 1. ***Total*** *participant's learning hours (i.e. a + b)* | |  | |
| 1. ***Estimated numbers of learners involved per cohort*** | |  | |
| 1. ***Estimated frequency of cohort delivery*** *(e.g. only once per year, quarterly etc.)* | |  | |
| 1. ***Learning outcomes:*** *Identify what the participant who successfully completes the activity will know and be able to do. This will be vital in determining the academic level at which learning is taking place. (please add additional sheets as required)* | | | |
|  | | | |
| 1. ***Assessment of the specified learning outcomes*** *(please add additional sheets as required)* | | | |
| 1. *Detail method(s) used (e.g. report, presentation, project)* | | | |
|  | | | |
| 1. *Procedures to ensure assessment quality assurance (e.g. double marking, moderation etc., include one or two actual examples of assessed work if possible that demonstrate your assessment quality assurance procedures)* | | | |
|  | | | |
| 1. ***Progression to Middlesex University Awards:*** *Identify which Middlesex University programmes learners will or will be eligible to progress to following successful completion of the proposed accredited learning activity* | | | |
| ***Qualification/ programme title*** | | ***Amount and level of credit recognised*** | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| 1. ***Content:*** *Append a copy of the detailed learning activity outline/syllabus/other description/example of learning materials issued to participants; specify ownership of copyright to programme and course materials* | | | |

|  |  |
| --- | --- |
| ***Signed behalf of the client organisation*** |  |
| ***Name*** |  |
| ***Role*** |  |
| ***Date*** |  |

\*Please note, by signing and submitting this form, you are agreeing to the charges in Appendix 1.

Number of attached sheets: