

RE-ACCREDITATION INITIAL APPROVAL FORM

Organisation profile

|  |  |
| --- | --- |
| Registered name of organisation |  |
| Type of organisation |  |
| Status of organisation |  |
| Ownership status |  |
| Established date |  |
| Contact person |  |
| Registered address |  |
| Website |  |
| Telephone number |  |
| Email |  |
| Brief organisation / business profile - max 150 words |  |

Due Diligence Information

|  |  |
| --- | --- |
| Appropriateness of fit with Middlesex University |  |
| Robustness of governance  |  |
| Efficacy of management structures  |  |
| Reputational status  |  |
| Identified business risks |  |
| Identified ethical risks |  |
| Conflicts of interest with Middlesex University and/or its existing partner organisations |  |
| Existing relationship(s) with Middlesex University |  |
| Existing or previous relationships with other UK/EU or international universities and/or awarding bodies |  |
| Evidence of ability to effectively manage quality assurance requirements related to higher level learning |  |
| Adequacy of operational structures to deliver higher-level learning |  |
| Ability to abide by policy on the language of tuition and assessment |  |

Proposed Reaccredited Activity

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| --- | --- |
| Title of Proposed Activity |  |
| Number and Level of Credits |  |
| Brief description of activity for which reaccreditation is soughte.g. scale, scope, audience/target group(s)Please give actual numbers successfully completing last 2 years and predicted numbers going forward |  |
| Rationale for reaccreditation including progression to Middlesex University Awards ( *include actual numbers progressing if possible)* |  |
| Type of credit sought, ie general or specific |  |
| If ‘specific credit’ give details of proposed links with existing named Middlesex Award(s) |  |
| Links with Middlesex University expertise |  |

**Initial Approval Recommendation**

|  |  |
| --- | --- |
| Name of Faculty/School |  |
| Name of Reaccreditation Initial Approval Assessor |  |
| Middlesex University role |  |
| Telephone number |  |
| Email |  |
| Reaccreditation Initial Approval Assessment recommendation | **Approval to proceed** | **Referral** | **Rejection** |
| Rationale for recommendation ( including business case) |  |
| Date |  |

**Approval to Proceed to Reaccreditation**

The approval to proceed to Reaccreditation confirms the Faculty/School willingness to provide a Reaccreditation Proposal Assessor, an Accreditation Link Tutor and to render monitoring/assessment services specified in the Memorandum of Accreditation following Reaccreditation, which may include the appointment of an External Examiner where accreditation is for level 5 or above.

|  |  |
| --- | --- |
| Name of Faculty/School |  |
| Name of Dean/Deputy Dean  |  |
| Signature |  |
| Date |  |