RE-ACCREDITATION PROPOSAL FORM

**CONTACT AND BACKGROUND INFORMATION change as per 14c Proposal form**

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

***Please note that this form should be completed jointly by the Client and the University Accreditation Link Tutor.***

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| --- | --- |
| ***Name of client organisation*** |  |
| ***Title of Learning Activity*** |  |
| ***Number and Level of Credits*** |  |
| ***Expiry date of current Accreditation*** |  |
| ***Contact person*** |  |
| ***Role*** |  |
| ***Telephone number*** |  |
| ***Email*** |  |
| ***Website*** |  |
| ***Address*** |  |

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

**GENERAL CLIENT INFORMATION**

*Please provide the following information*

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| 1. ***Summary of client organisation profile, type and size of organisation, sphere of activity and/or sector of operation etc.***
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| 1. ***Summary of the client organisation training/professional development activities*** *(e.g. scale, scope, audience/target group(s))*
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| 1. ***Summary of the client organisation’s existing relationship(s) with Middlesex University and/or other universities***
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| 1. ***Background and rationale for proposing reaccreditation***
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| 1. ***Sample of client organisation’s publicity material*** *(please add additional sheets as required)*
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**EVALUATION OF PROVISION SINCE LAST ACCREDITATION**

*Please complete sections 6-10 in reference to the 6 year period of previous accreditation*

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| 1. ***Evaluation and Feedback:*** *Please indicate dates of AMRs submitted****,*** *the key quality themes that have been addressed over the last 6 year, and key themes arising from participants feedback*
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| 1. ***Learning activity development:*** *please give a brief evaluation of the development of the learning activity since the last accreditation and summarise the key changes to the accreditation proposal*
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| 1. ***Assessment:*** *Review the appropriateness of the assessment to the accredited learning outcomes of the activity (including a summary of the reports of the External Assessor in respect of accreditation at Level 5 or above) and summarise the standards of participants work*
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| 1. ***Participant numbers:*** *Indicate number of participants who have completed the accredited activity in each academic year, and the number progressing to Middlesex awards (please indicate awards)*
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| 1. **Highlight key changes to the provision since original Accreditation and the rationale for these changes**
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**DETAILS OF LEARNING ACHIEVEMENT TO BE REACCREDITED**

*Please complete sections 11-25 making use of attached sheets for each unit/module/area of learning activity for which you are seeking reaccreditation.*

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| 1. ***Title of learning activity***
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| 1. ***Main purpose or aim(s) of the learning activity*** *(e.g. specific workforce development, continuing professional development etc)*
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| 1. ***Envisaged or actual start date***
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| 1. ***Type of credit sought: General/Specific*** *(NB: If Specific give details of proposed links with existing named Middlesex University course(s)/module(s))*
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| 1. ***Methods of delivery*** *(e.g. online, presentation, workshop)*
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| 1. ***Human resources to support learning -*** *Learning Activity Leader, other Tutors/Assessors and highest qualifications*
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| ***Name*** | ***Learning Activity Role*** | ***Highest qualification*** |
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| 1. ***Physical resources to support learning*** *(e.g. accommodation and/or equipment etc, please add additional sheets as required)*
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| 1. ***Admission requirements and procedures*** *(who are the audience/target group? How does recruitment/selection take place?)*
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| 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*
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| 1. *Estimated other relevant learning hours (e.g. self supported learning)*
 |  |
| 1. ***Total*** *participant's learning hours (i.e. a + b)*
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| 1. ***Estimated numbers of learners involved per cohort***
 |  |
| 1. ***Estimated frequency of cohort delivery*** *(e.g. only once per year, quarterly etc.)*
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| 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)*
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|  |
| 1. ***Assessment of the specified learning outcomes*** *(please add additional sheets as required)*
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| 1. *Detail method(s) used (e.g. report, presentation, project)*
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| 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)*
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| 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*
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| ***Qualification/programme title*** | ***Amount and level of credits recognised*** |
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| 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*
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**EVIDENCE THAT ALL MIDDLESEX UNIVERSITY QUALITY PROCESSES HAVE BEEN MET DURING THE PERIOD OF APPROVAL**

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| ***Please list items of attached evidence including Annual Monitoring Reports*** |  |

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

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

Number of attached sheets:

*The signed form and attached learning activity description information should be submitted to the Officer of the Faculty committee.*