# Institutional Information Form

This form should be completed by the institution that is seeking a potential collaborative academic partnership with London Metropolitan University. At this preliminary stage only basic information is sought to allow the University to carry out initial due diligence. In the next stage more information as well documentary evidence will be required.

Please complete all sections on the form, remove any guidance text in blue and submit to the Head of Partnerships – [w.bloisi@londonmet.ac.uk](mailto:w.bloisi@londonmet.ac.uk).

## Section A

|  |  |
| --- | --- |
| 1. Registered name of institution |  |
| 1. Address of institution |  |
| 1. Registered Address (if different) |  |
| 1. Legal status of institution   ***(Private Limited Company/Charity etc)*** |  |
| 1. Company Registration Number |  |
| 1. Name and address of the ‘Registration Body’ (e.g. Ministry of Education) |  |
| 1. Institution website address |  |
| 1. Date institution was established |  |
| 1. Name(s) of the ultimate beneficial owner(s) of the institution? |  |
| 1. Names of Director(s)/Company Secretary |  |
| 1. Key contact details | Name:  Telephone:  Email: |
| 1. Names and website addresses of other institutions/organisations within organisation group | Name one:  Website Address one:  Name two:  Website Address two:  Name three:  Website Address three: |
| 1. Are any members of the institution politically exposed? If so please give names. (e.g. Members of political party) |  |

## Section B

|  |  |
| --- | --- |
| 1. Type of institution (please delete any that are not applicable) | *Higher Education Institution with degree awarding powers*  *Higher Education Institution without degree awarding powers*  *Further Education college*  *Private sector organisation*  *Other:* |
| 1. Is the institution legally authorised to form a partnership with a UK University | *Enter Yes or No* |
| 1. Is the institution legally authorised to deliver HE courses | *Enter Yes or No* |

1. Type of partnership being sought (franchised or validated course delivery)

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Type of course delivery** | **Proposed start month e.g. September 2021** |
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| 1. Name of institutions that you are currently in partnership with |
| *Enter Partner Name and location(s)* |
| *Enter Partner Name and location(s)* |
| *Enter Partner Name and location(s)* |

|  |  |
| --- | --- |
| 1. What experience does the institution have of delivering courses and at what level? List key courses. |  |