## Due Diligence Information Form (DDIF)

***All potential collaborative partners must complete this application form as the first formal stage in the approval process. It is vital that all sections of this document are completed prior to submission to the University. Please note that completion of this form does not constitute a commitment by the University to progress to full collaboration.***

* All supporting evidence must be clearly referenced.
* Any supporting documentation that has an expiry date should be checked and updated if required.
* Any documentation that is not in English, should be translated and submitted alongside the original document.

Please complete the form, remove any guidance text in blue and submit the form with all supporting evidence by email to the Quality Manager (Partnerships) in the AQD Partnerships Team. Email address: r.kailla@londonmet.ac.uk or aqdpartnerships@londonmet.ac.uk.

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##### Section A: Legal Information

|  |  |  |  |
| --- | --- | --- | --- |
| ***Subsection*** | ***Question***  | ***Write response to question*** | ***Include evidence as appropriate*** |
| A1 | Registered name and address of institution |  | *[provide a copy of the incorporation documents and official register entry]* |
| A2 | When was the institution established? |  |  |
| A3 | Proof of approval to deliver HE  |  | *[please provide evidence of approval/registration by the Ministry of Education (or equivalent)* |
| A4 | Name(s) of the ultimate beneficial owner(s) |  |  |
| A5 | Names of directors/secretaries |  | *Provide registered document with full names of all directors/secretaries*  |
| A6 | Is the institute able to go into collaboration under its constitutional documents and domestic law? |  | 1. *Provide a board resolution authorising named parties to sign*
2. *Provide official document from the MoE*
 |
| A6 | Will delivery of the courses be by staff employed by the institution? |  | *Please confirm that only staff employed by the institution will deliver this/these course(s)* |
| A7 | Is the institution VAT registered?Provide the VAT number |  |  |
| A8 | Are there any actual, pending or threatened litigation or arbitration, proceedings or disputes in which the insitiution or directors are or may be involved? |  |  |
| A9 | Are there any immigration restrictions – for visiting staff or students coming to the UK? |  |  |
| A10 | Provide all URLs of the websites owned or run by the institution |  |  |
| A11 | Has there been any material change in the nature of the institution (e.g.name change) or activities carried out by the institution in the last 3 years. |  | *Provide evidence* |
| A12 | Provide names and titles of the Executive Group (e.g.Chief Executive/Rector, other directors, Director of Finance, Director of Human Resources..) |  |  |
| A13 | Provide the institutional organogram |  | *Provide the organisational chart* |
| **A14** | **Please provide details of your institution’s staff profile in terms of FTE (full time equivalent) numbers** | **Role** | **Full Time/ Part Time** |
| A14.1 |  | Senior Management |  |
| A14.2 |  | Academic staff |  |
| A14.3 |  | Administrative and clerical support staff |  |
| A14.4 |  | Technical staff |  |
| A14.5 |  | Other |  |

##### Section B: Quality Information and Policies

|  |  |  |  |
| --- | --- | --- | --- |
| ***Subsection*** | ***Question*** | ***Write response to question*** | ***Include evidence as appropriate*** |
| B1 | Please provide a brief history of your institution, including areas of principal activity and details of funding. |  | *Please provide your institution’s most recent prospectus* |
| B2 | Please list all UK and International Institutions that you are in currently in partnership with |  | *Please include the nature of the partnership e.g. franchise courses, articulation agreements etc.* |
| B3 | Provide your institution’s mission statement and strategic aspirations. |  | *Provide the institution’s strategic plan/business plan* |
| B4 | Provide a rationale for wanting to partner with London Metropolitan University. |  |  |
| B5 | Has the institution been externally reviewed by The Quality Assurance Agency (QAA) or a regulatory/ accrediting body?  |  | *Please provide latest report* |
| B6 | Provide your institution’s governance structure and supporting documents. |  |  |
| **B7** | **Provide the following policies and/or statements including supporting process diagrams for your institution. If you do not have a particular policy in place please state –**  | **‘*NO POLICY’*.** |  |
| B7.1 | Academic Regulations |  |  |
| B7.2 | Anti-bribery Policy |  |  |
| B7.3 | Admissions Policy |  |  |
| B7.4 | Approved Prior Learning Policy |  |  |
| B7.5 | Academic Misconduct Policy |  |  |
| B7.6 | Assessment Board Appeals Policy |  |  |
| B7.7 | Assessment (including Coursework submission/ extension) Policy |  |  |
| B7.8 | Student Complaints Policy |  |  |
| B7.9 | Data Protection Policy |  |  |
| B7.10 | Environmental Policy |  |  |
| B7.11 | Equality, Diversity and Inclusion Policy |  |  |
| B7.12 | Intellectual Property Policy Statement |  | *Please refer to the UK’s Equality Act of 2010,* [*http://homeoffice.gov.uk/equalities/equality-act/*](http://homeoffice.gov.uk/equalities/equality-act/) |
| B7.13 | Insurance Policies |  |  |
| B7.14 | Student Mitigating Circumstances |  |  |
| B7.15 | Safeguarding  |  |  |
| B7.16 | Student Charter or Student Partnership Agreement |  |  |
| B7.17 | Student Support (including fitness to study, mental health and wellbeing and crisis intervention procedure) |  |  |
| B7.18 | Quality Assurance Policy |  |  |
| B7.19 | Quality Manual |  |  |
| B7.20 | Fire and Building Safety***The Secretary of State for the United Kingdom has recently written to all UK universities to seek assurances regarding fire safety requirements and compliance with building regulations.******London Metropolitan University treats the safety of the entire student population a priority.  As such we are requiring prospective collaborative partners provide assurance that all buildings used by students meet your local building and fire safety requirements.  This includes all teaching and residential buildings which students may use as part of their studies and any partner facilitated accommodation/living arrangements, or purpose built student accommodations.******Could you please send a signed statement providing your assurances that all buildings in which students are taught and learn, whether directly controlled by yourselves or by a third party, meet:***1. The required standards laid down in your nation's legislation, regulations and codes relating to building standards and fire safety;
2. That there is a system for inspecting, checking and maintaining safety systems and standards in place for each of those buildings;
3. That those systems are being followed fully;
4. Where there are deficiencies in compliance or the systems described above that a robust plan is in place for addressing those deficiencies.
 |  |  |
| B7.21 | Student Fee Protection Plan |  |  |
| B7.22 | Health and Safety Policy |  |  |
| B7.23 | Ethical Investment Policy |  |  |

##### Section C: Academic Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1** | ***Please list all courses that are being delivered at your institution (Add extra rows if required)*** | ***Number of students enrolled for 2020/21*** | ***Number of students enrolled for 2019/20*** | ***Number of students enrolled for 2018/19*** |
| C1.1 |  |  |  |  |
| C1.2 |  |  |  |  |
| C1.3 |  |  |  |  |
| C1.4 |  |  |  |  |
| C1.5 |  |  |  |  |
| C1.6 |  |  |  |  |
| C1.7 |  |  |  |  |
| C1.8 |  |  |  |  |
| C1.9 |  |  |  |  |
| C1.10 |  |  |  |  |
| **C2** | ***Prospective provision with London Metropolitan University*** |  |  |  |
|  | ***Course Title e.g. BSc (Hons) Computing*** | ***Delivery Start month e.g. Sept 2022*** | ***Planned language of delivery*** |  |
| C2.1 |  |  |  |  |
| C2.2 |  |  |  |  |
| C2.3 |  |  |  |  |
| C2.4 |  |  |  |  |
| C2.5 |  |  |  |  |
| **C3** | ***Teaching Site(s)*** |  |  |  |
|  | ***Full Address*** | ***Please state if the site is freehold or under a leasehold agreement*** |  |  |
| C3.1 |  |  |  |  |
| C3.2 |  |  |  |  |
| C3.3 |  |  |  |  |

##### Section D: Library Resources

|  |  |  |  |
| --- | --- | --- | --- |
| ***Subsection*** | ***Question*** | ***Write response to question*** | ***Include evidence as appropriate*** |
| D1 | Does your institution have a library? Yes/No |  |  |
| D2 | What size is it?* how many books
* how many e-books
* how many journal titles
* how many e-journal titles
* how many databases
 |  |  |
| D3 | Does your library have an online catalogue?  |  | *Please provide the URL* |
| D4 | Does your library have staff with library qualifications? How many?  |  |  |
| D5 | Are there other local and or national library services that students will have access to? Provide details. |  |  |
| D6 | Does your library have an overall annual budget? Does the budget include provision to purchase materials for the proposed courses? How much funding has been allocated for the new course materials? |  |  |
| D7 | Please give details of all licences, authorisations, registrations, approvals, certificates and other authorities.  |  |  |
| D8 | Please provide details of any other learning resources available to students.  |  |  |
| D9 | What support is available to improve students’ information literacy? |  |  |

##### Section E: Financial Information

|  |  |  |  |
| --- | --- | --- | --- |
| ***Subsection*** | ***Question*** | ***Write response to question*** | ***Include evidence as appropriate*** |
| E1 | Provide the name and address of the institution’s Auditors |  |  |
| E2 | Provide the institutions audited accounts for the last three years |  |  |
| E3 | Provide the institution’s budget for the current year  |  |  |
| E4 | Provide the institution’s financial forecast for the next three years |  |  |
| E5 | Give details of any outstanding material claims and the aggregate amount claimed under such policies. Confirm that all premiums in respect of such claims have been paid and no fact or circumstance have arisen which would allow the insurers to avoid liability under any insurance policy. |  |  |

##### Section F: References – Academic Partner

Please provide details of two academic partnerships your institution is involved in, either now or during the previous five academic years. Please complete all fields below.

|  |  |
| --- | --- |
| **Reference 1** |  |
| **Name of institution:** |  |
| **Address:** |  |
| **Website address:** |  |
| **Duration of partnership:** |  |
| **Titles of courses included in the partnerships and numbers of students on each:** |  |
| **Funding mechanism:** |  |
| **Reason for termination of partnership (if applicable):** |  |
| **Point of contact (Name) and Job Role:** |  |
| **Email address:** |  |
| **Telephone number:** |  |
| **Reference 2** |  |
| **Name of institution:** |  |
| **Address:** |  |
| **Website address:** |  |
| **Duration of partnership:** |  |
| **Titles of courses included in the partnerships and numbers of students on each:** |  |
| **Funding mechanism:** |  |
| **Reason for termination of partnership (if applicable):** |  |
| **Point of contact (Name) and Job Role:** |  |
| **Email address:** |  |
| **Telephone number:** |  |

##### Section G: References – Students

Please provide details of three students who have studied or are currently studying at your institution.

London Metropolitan University may elect to contact any of the students referred to above to verify their reference. It is assumed that London Metropolitan University has your permission to make contact unless otherwise explicitly stated.

|  |  |
| --- | --- |
| **Student Reference 1** |  |
| Name of student: |  |
| Email address: |  |
| Contact telephone number: |  |
| Course Title: |  |
| Dates of study: |  |
| **Student Reference 2** |  |
| Name of student: |  |
| Email address: |  |
| Contact telephone number: |  |
| Course Title: |  |
| Dates of study: |  |
| **Student Reference 3** |  |
| Name of student: |  |
| Email address: |  |
| Contact telephone number: |  |
| Course Title: |  |
| Dates of study: |  |

##### Section H: Additional Comments and Declaration

|  |
| --- |
| **H1. Are there any general comments you would like to make in support of your application?** |
|  |
| **H2. Declaration** |
| *I am/ am not authorised to make this submission on behalf of the institution* ***(Please delete part that is not applicable)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name (Print) Job Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |