# Collaborative Site Visit Report

A Collaborative Site Visit Report should be completed in the following scenarios:

1. As part of the due diligence process of a prospective collaborative academic partner
2. When an existing collaborative academic partner moves to a new site
3. When an existing collaborative academic partner wishes to deliver London Met provision at an additional site.

The Head of Partnerships should complete the form and submit with supporting paperwork to the AQD Partnerships Team - [r.kailla@londonmet.ac.uk](mailto:r.kailla@londonmet.ac.uk), s.gambie@londonmet.ac.uk or [aqdpartnerships@londonmet.ac.uk](mailto:aqdpartnerships@londonmet.ac.uk). Please delete any text in *blue italics* before submitting the completed form.

The report will be received and considered by the CTPSC on behalf of the LTQ Committee.

## Site Visit Report

|  |  |
| --- | --- |
| **Site Visit Date** | *Enter date* |

### Collaborative Academic Partner Details

|  |  |
| --- | --- |
| **Name of Collaborative Academic Partner** |  |
| **Registered address of Partner** |  |
| **Website address** |  |
| **Collaborative Academic Partner Representative details** | Name:  Telephone:  Email: |
| **Institutional approval date (applicable to existing partnership)** |  |

### Proposed new or additional teaching site(s) or campus

|  |  |
| --- | --- |
| **Rationale for delivering London Met courses at the new or additional site/ campus** |  |

|  |  |  |
| --- | --- | --- |
| **Teaching location address** | **Course(s) to be delivered at the proposed new site or campus** | **Proposed start date** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

### Details on current provision (for approved/existing partnerships)

|  |  |
| --- | --- |
| **School(s) currently in partnership with the Collaborative Academic Partner e.g. Guildhall School of Business and Law** | 1.  2.  3.  4. |

|  |  |  |
| --- | --- | --- |
| **Teaching location address** | **University site approval date** | **Course Title** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

### Site Visit attendees

#### University Panel Members

|  |  |
| --- | --- |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |

#### Collaborative Academic Partner Representatives

|  |  |
| --- | --- |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |

#### In Attendance

|  |  |
| --- | --- |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |
| *Enter Name* | *Enter job title* |

**1. Introduction**

*Please use statement 1.1 for new prospective partners*

* 1. The Collaborative Site Visit Report will be taken into consideration alongside the documentation submitted as part of the due diligence process when writing the Collaborative Risk Assessment Report.

*Please use statement 1.2 for existing partners*

* 1. This report is based on a review of documentation supplied by [institution name] in advance and discussions conducted during the visit. It makes a recommendation as to whether approval of the teaching site(s)/campus is to be granted/not to be granted as well as any specific conditions that will need to be met to the University’s satisfaction.

**2. Purpose of the visit**

2.1 The purpose of the visit is to review the suitability of the teaching site and thereby confirm that the facilities and resources are suitable for the delivery of the course(s), will ensure that academic quality and standards are managed and considers the student experience.

**3 Background Information on the Collaborative Academic Partner**

3.1 *Please enter background information on the partner*

**4 Rationale delivering London Met courses at the new or additional site/ campus**

4.1 *Please enter rationale for delivering courses at the new or additional campus*

**5 Teaching site(s)/ campus – Facilities and Resources**

5.1 *Please enter information about the teaching site e.g. teaching facilities, student communal areas, specialist teaching equipment, study areas and library*

|  |  |  |
| --- | --- | --- |
| **Facility** | **Number** | **Notes** |
| Lecture rooms |  |  |
| Seminar rooms] |  |  |
| Study spaces |  |  |
| Library |  |  |
| IT resources |  |  |
| Admissions office |  |  |
| Student support office |  |  |
| Academic staff room |  |  |
| Student leisure/ common room |  |  |
| Lab resources |  |  |

5.2 Are there facilities issues that need addressing before a validation event?

If yes, please state what these issues are.

**6 Management of facilities including staff provision**

6.1 *Please enter information on number of staff working at the campus and their roles.*

**7 Recruitment of students**

7.1 *Please enter the number of students that are expected to study at the campus per academic year.*

**8 Outcome of Site visit**

8.1 *Will students have a similar experience to on campus students at London Met? Yes/No*

**9 Outcome of Site visit**

9.1 *Please enter information regarding recommendation for the site to be approved. Please record any actions that will need to be completed prior to approval of teaching site.*