# Collaborative Risk Assessment Report

The Quality Manager (Partnerships) and a nominated member of the University Secretary’s Office and Finance Office are responsible for completing the Collaborative Risk Assessment Report. Information recorded on the form should be based on the consideration of the Collaborative Academic Partner Due Diligence Form and the Collaborative Site Visit Report in addition to supporting evidence.

|  |  |
| --- | --- |
| Institution Name |  |
| Registered Address |  |
| Teaching site(s) or campuses |  |

[Section A – Information on proposed partnership 1](#_Toc79675448)

[1. Rationale for partnership with London Metropolitan University and proposed start date for delivery if partnership is approved 1](#_Toc79675449)

[2. Courses to be delivered in partnership with the University’s School(s) 1](#_Toc79675450)

[Section B – Background information on prospective partner 2](#_Toc79675451)

[1. Historical background of the partner 2](#_Toc79675452)

[2. Current partnerships with external awarding bodies, PSRBs and other organisations 2](#_Toc79675453)

[3. Current provision – courses in the last three academic years 2](#_Toc79675454)

[4. Teaching facilities and resources 2](#_Toc79675455)

[5. Quality assurance of academic and/or professional education 3](#_Toc79675456)

[6. Legal status and summary 4](#_Toc79675457)

[7. Financial summary 5](#_Toc79675458)

[Section C – Mitigating circumstances if outline approval is granted 5](#_Toc79675459)

[1. Please outline actions to be taken if the University grant outline approval. Include person(s) responsible where possible 5](#_Toc79675460)

[Section D – Sign off 5](#_Toc79675461)

## Section A – Information on proposed partnership

|  |
| --- |
| **Rationale for partnership with London Metropolitan University and proposed start date for delivery if partnership is approved** |
| Introductory Statement Rationale for the partnershipMarket research |

### Courses to be delivered in partnership with the University’s School(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Title | Type of partnership | School | Number of students in year one2021/22 | Number of students in year two2022/23 | Number of students in year three2023/24 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL NUMBER OF STUDENTS |  |  |  |

|  |  |
| --- | --- |
| Intended month for first cohort of students to be enrolled: |  |

## Section B – Background information on prospective partner

|  |
| --- |
| **Historical background of the partner**  |
| * *Mission statement and strategic ambitions*
* *Organisation Structure*
* *Overview of Governance*
* *Ethics and values*
 |
| **Current partnerships with external awarding bodies, PSRBs and other organisations** |
|  |
| **Current provision – courses in the last three academic years** |
|  |

### Teaching facilities and resources

**Overview of Staff (academic and professional services)**

|  |  |  |
| --- | --- | --- |
| **Role** | **Full Time** | **Part Time** |
| Senior Management |  |  |
| Academic staff |  |  |
| Administrative and clerical support staff |  |  |
| Technical staff |  |  |
| Other |  |  |
| Total F/T & P/T staff (Academic & General staff) |  |  |
| Total Teaching staff |  |  |

**Library and other learning resources**

|  |  |
| --- | --- |
| ***Question*** | ***Partner Response***  |
| Does your institution have a library?  |  |
| What size is it?* how many books
* how many e-books
* how many journal titles
* how many e-journal titles
* how many databases
 |  |
| Does your library have an online catalogue?  |  |
| Does your library have staff with library qualifications? How many?  |  |
| Are there other local and or national library services that students will have access to? Provide details. |  |
| 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? |  |
| Please give details of all licences, authorisations, registrations, approvals, certificates and other authorities.  |  |
| Please provide details of any other learning resources available to students.  |  |
| What support is available to improve students’ information literacy? |  |

|  |
| --- |
| **Quality assurance of academic and/or professional education** |
| *Please include information on governance and policies.* |

### Legal status and summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Area | Comments (to be completed by Deputy University Secretary) | Recommended follow up actions (to be completed by Deputy University Secretary) | Response to recommended actions  |
| 6.1 | Legal identity  |  |  |  |
| 6.2 | Politically exposed persons (that is "individual who is entrusted with prominent public functions, other than as a middle-ranking or more junior official").  |  |  |  |
| 6.3 | Authority to collaborate  |  |  |  |
| 6.4 | Jurisdiction |  |  |  |
| 6.5 | Insurance  |  |  |  |
| 6.6 | Permits  |  |  |  |
| 6.7 | Resource Ownership  |  |  |  |
| 6.8 | Sub-contracting  |  |  |  |
| 6.9 | Immigration (staff)*.* |  |  |  |
| 6.10 | Immigration (students)  |  |  |  |
| 6.11 | Litigation/Investigation*.*  |  |  |  |
| 6.12 | Anti-Bribery  |  |  |  |
| 6.13 | Equality  |  |  |  |
| 6.14 | Privacy/Data protection  |  |  |  |
| 6.15 | Controlled material |  |  |  |
| 6.16 | Other  |  |  |  |

|  |
| --- |
| **Financial summary** |
| *To include:* * *CreditSafe Assessment Overview*
* *Recommended follow-up actions (if applicable)*
 |

## Section C – Mitigating circumstances if outline approval is granted

### Please outline actions to be taken if the University grant outline approval. Include person(s) responsible where possible

|  |  |  |  |
| --- | --- | --- | --- |
|  | Action | Person responsible | Target completion date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Section D – Sign off

|  |  |
| --- | --- |
| SLT approval granted (commercial viability)? Please include date |  |
| Finance representativeName:  |  |
| Deputy University Secretary (Student and Legal Matters)Name:  |  |
| Partnerships Office RepresentativeName:  |  |
| Head of PartnershipsName:  |  |
| Quality Manager (Partnerships) Name:  |  |
| CTPSC Approval Date: |  |