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Insert Collaborative

Partner Logo

**Initial Outcomes Summary Report Template**

**Course *Validation/ Periodic Review* (Delete as appropriate)**

***Enter Name of the Collaborative Partner***

***Course Title***

***Type of partnership arrangement***

***Enter Event Date***

***Enter location of where event took place***

**Guidance to writing the report**

This form ***must*** be completed by the Secretary to the Panel, to record the outcomes of an course validation or periodic course review event. The report should be submitted to the Chair of the event to review and approve prior to sending it to the Collaborative Partner.

|  |
| --- |
| **Chapter 1 – Membership List** |
| The Membership list should contain a list of the following staff with their job description:1. Panel Members:* Chair of the event
* Secretary
* University Internal Panel Member
* External Advisor
* Student Panel Member

2. Prospective/Collaborative partner Team3. In attendance:* School Academic Team
* Academic Liaison Tutor
* Head of School
 |
| **Chapter 2 – Introduction to the event** |
| * Overview of the day e.g. date
* Scope of the meeting (refer to Panel briefing note)
 |
| **Chapter 3 – Outcome of the Course Validation/ Periodic Course Review Event**  |
| * Panel decision on the outcome of the event
 |
| **Chapter 4 - Commendations** |
| * List all commendations made by the Panel
 |
| **Chapter 5 – Conditions**  |
| * List all conditions and completion date
 |
| **Chapter 6 - Recommendations** |
| * List all recommendations and completion date
 |

**Contents Page**

1. Membership List 2

2. Introduction 4

3. Outcome of the Course Validation/ Periodic Course Review Event 4

4. Commendations 4

5. Conditions 4

6. Recommendations 4

1. Membership List

|  |  |
| --- | --- |
| **University Panel Members** |  |
| ***Enter Name*** | **Chair***Enter Job Title and Institution Name* |
| ***Enter Name*** | **Secretary to the Panel***Enter Job Title and Institution Name* |
| ***Enter Name*** | **Internal Panel Member** |
| ***Enter Name*** | **Student Panel Member***Enter Job Title and Institution Name* |
| ***Enter Name*** | **External Advisor***Enter Job Title and Institution Name* |
| ***Enter Name*** | **External Advisor** *Enter Job Title and Institution Name* |
| **Representatives – *Enter Name of Collaborative Partner*** |  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
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| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| ***Enter Name*** | *Enter Job Title*  |
| **In Attendance** |  |
| ***Enter Name*** | *Enter Job Title and Institution Name* |
| ***Enter Name*** | *Enter Job Title and Institution Name* |
| ***Enter Name*** | *Enter Job Title and Institution Name* |
| ***Enter Name*** | *Enter Job Title and Institution Name* |
| ***Enter Name*** | *Enter Job Title and Institution Name* |

\*Denotes non-attendance

1. Introduction
2. Outcome of the Course Validation/ Periodic Course Review Event
3. Commendations
4. Conditions
5. Recommendations