

APPENDIX 6 – ERASMUS+ STAFF EXCHANGE/STUDENT EXCHANGE PARTNERSHIP DEVELOPMENT PROPOSAL (PDP)

FOR INTERNAL USE ONLY. This template should be read and completed alongside 7B – Partnership Approvals: Policy and Procedure. Please complete all relevant sections of the Form. If the relevant sections are not completed, the PDP will be returned by Academic Partnerships.

PART A

SECTION A1. DETAILS OF BU LEAD ACADEMIC SPONSOR	
Faculty	Please tell us which Faculty you work in, and the department if you feel it is relevant.
Lead Faculty Contact	Your name, and also any other colleagues who are involved
Other Faculties Involved	Please let us know if other Faculties are also proposing activities under this partnership

SECTION A2. DETAILS OF PROPOSED PARTNER				
Type of Organisation		<div style="border: 1px solid black; padding: 2px;"> Choose an item. ▾ Choose an item. Academic institution - UK Academic institution - international Commercial partner - UK Commercial partner - international Government body - UK Government body - international Charity - UK Charity - international </div>	Please select from the dropdown list. If none of the entries describes the proposed partner please specify this in the Executive Summary	
Registered Name of Partner Organisation <i>(please include name in native language if different)</i>		This should be exactly as it appears on the Partner Website. Please also include the name in the native language as this will help us when we complete the Due Diligence report.		
Registered Address		This should be exactly as it appears on the Partner Website. We will use this in the Contract so having the information up front is very useful.		
Details of Lead Contact at Partner	Name	Please provide the full name of your main contact at the partner		
	Title	e.g. Professor, Dr., Mrs., etc.		
	Designation	Please let us know their job title and department/ faculty		
	Email	Please provide an email- if you do not wish us to contact the partner directly please state that here.		
	Phone	Please provide a phone number, including and international dialing code.		
Date of Planning/ Exploratory Visit by BU to Partner <i>(projected date if necessary)</i>		Visit Conducted by	Please state full name and department of BU colleague who visited, just in case we want to get in touch.	
Date of Planning/ Exploratory Visit by Partner to BU <i>(projected date if necessary)</i>		Hosted by	Please state full name and department of BU colleague who hosted, just in case we want to get in touch.	
Does BU have a Current or Archived Partnership Agreement with this partner		Please use the partnerships database to check this if you are not already aware		
If Yes, please specify the Current or Archived partnership model(s): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> These boxes should be used to indicate any partnership arrangements already in place, you will be asked to provide details on this specific proposal further down the form </div>		<input type="checkbox"/> Research/ Staff Exchange <input type="checkbox"/> Erasmus+: Staff Exchange <input type="checkbox"/> Student Exchange <input type="checkbox"/> <input type="checkbox"/> Student Exchange	<input type="checkbox"/> Recognition <input type="checkbox"/> Endorsement <input type="checkbox"/> Validation <input type="checkbox"/> Franchise <input type="checkbox"/> Off-Campus delivery <input type="checkbox"/> Shared/Delivery Programme	

	<input type="checkbox"/> Other (give details)
Please provide an Executive Summary (no more than 300 words) of the proposed partnership	<p>Please provide us with any information you feel relevant to your proposal. It would be useful to complete this section after the rest of the form is completed so that you can cover anything we haven't already asked for.</p> <p>Please try and keep this summary to 300 words or less.</p>

SECTION A3. THE PROPOSAL- ERASMUS+: STAFF EXCHANGE (B.1), STUDENT EXCHANGE (B.2)

Partner ERASMUS+ Institution Code	<p>Please access the link below and define the Erasmus code</p> <p>http://eacea.ec.europa.eu/llp/erasmus/documents/list_holders/eu-c-for-the-academic-year-2013-2014.pdf</p>	ERASMUS+ Subject Code(s)	<p>Please access the link below and define the Erasmus Subject code(s)</p> <p>http://ec.europa.eu/education/tools/isced-f_en.htm</p>
Is English the first or main language of instruction for Exchange Programmes? (Yes/No- if no please specify main language)	Yes/No- if no please specify main language		
Suggested term of Contract (one-seven years)	Usually seven but please state if you recommend fewer		

Now Complete Section A3.1, A3.2 or both depending on your proposal

SECTION A3.1- ERASMUS+ STAFF EXCHANGE

BU Programme(s)	Please provide all programmes and ensure that the titles are accurate
Partner Programme(s)	Please provide all programmes and ensure that the titles are accurate

Please provide details about the realistic expected outcomes for the partnership (these will be used for monitoring)

	By end of year 1	By end of year 2	By end of year 3
Expected start and duration Staff Teaching Exchange	Please provide dates and how long specific exchanges are likely to last	Please provide dates and how long specific exchanges are likely to last	Please provide dates and how long specific exchanges are likely to last
Number of BU Staff	Please estimate how many BU staff will attend the partner	Please estimate how many BU staff will attend the partner	Please estimate how many BU staff will attend the partner
Number of Partner Staff	Please state how many partner staff will attend BU	Please state how many partner staff will attend BU	Please state how many partner staff will attend BU
Expected start and duration Staff Training Exchange	Please provide dates and how long specific training exchanges are likely to last	Please provide dates and how long specific training exchanges are likely to last	Please provide dates and how long specific training exchanges are likely to last
Number of BU Staff	Please estimate how many BU staff will attend the partner	Please estimate how many BU staff will attend the partner	Please estimate how many BU staff will attend the partner
Number of Partner Staff	Please state how many partner staff will attend BU	Please state how many partner staff will attend BU	Please state how many partner staff will attend BU

Are there opportunities to develop another partnership model with the proposed partner?	<input type="checkbox"/> Research/ Staff Exchange <input type="checkbox"/> Erasmus+: Staff Exchange <input type="checkbox"/> Student Exchange <input type="checkbox"/> <input type="checkbox"/> Student Exchange	<input type="checkbox"/> Recognition <input type="checkbox"/> Endorsement <input type="checkbox"/> Validation <input type="checkbox"/> Franchise <input type="checkbox"/> Off-campus delivery <input type="checkbox"/> Shared/delivery programme
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Other (give details)

Which other BU Faculties may be interested in developing this partnership in the future?	<p>Please let us know if the partner have indicated specific areas for exploration in the future, or if your knowledge of the institution leads you to consider that there may be opportunities in other subject areas in the future. We can then liaise with relevant colleagues to see if there is any interest in pursuing.</p>
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SECTION A3.2- ERASMUS+ STUDENT EXCHANGE

BU Programmes	Please provide all programmes and ensure that the titles are accurate
Partner Programmes	Please provide all programmes and ensure that the titles are accurate

Initial curriculum mapping complete		If you answer no here we will not be able to proceed with your proposal. Please ensure that this is done before you submit the PDP	Supporting documents attached? If not, please provide details	Please state any reason for not attaching the documentation
Partner Exchange Coordinator:	Name:	Please provide details of the Exchange coordinator or office	Email:	
Academic Contact :	Name:	Please provide details of the relevant academic staff at the partner	Email:	
Please provide information based on observation during any visit(s) to the Partner				
Did you note any health & safety issues/concerns during the visit? (if yes, provide details)		State yes or no, and if yes please explain what these were. We will use this information to aid our supplementary Due diligence research		
Does the partner provide adequate student support services, including accommodation?		State yes or no, and if no please explain what was lacking. We will use this information to aid our supplementary Due diligence research		
Have you observed classes being delivered?		Yes/ No and please state any concerns		
Have you seen samples of written work?		Yes/ No and please state any concerns		
Based on your visit, are you satisfied with the quality of delivery at the partner?		Yes/ No and please state any concerns		
Please provide details about the realistic expected outcomes for the partnership (these will be used for monitoring)				
	Year 1	Year 2	Year 3	
Expected start and duration of Student Exchange (Please state in Semesters)	Please provide the academic year and semester	Please provide the academic year and semester	Please provide the academic year and semester	
Number of BU Students	This should be the recommended number provisionally agreed with the partner	This should be the recommended number provisionally agreed with the partner	This should be the recommended number provisionally agreed with the partner	
Number of Partner Students	Ideally this should be exactly the same as outgoing BU students	Ideally this should be exactly the same as outgoing BU students	Ideally this should be exactly the same as outgoing BU students	
Are there opportunities to develop another partnership model with the proposed partner?		<input type="checkbox"/> Research/ Staff Exchange <input type="checkbox"/> Erasmus+: Staff Exchange <input type="checkbox"/> Student Exchange <input type="checkbox"/> <input type="checkbox"/> Student Exchange <input type="checkbox"/> Other (give details)		
<div style="border: 1px solid black; padding: 5px;"> <p>If you think the partner may be interested in developing further arrangements in different areas please let us know. We will make a note of this and follow up with you on the opportunity as part of our annual review.</p> </div>		<input type="checkbox"/> Recognition <input type="checkbox"/> Endorsement <input type="checkbox"/> Validation <input type="checkbox"/> Franchise <input type="checkbox"/> Off-campus delivery <input type="checkbox"/> Shared/delivery programme		
Which other BU Faculties may be interested in developing this partnership in the future?		Please let us know if the partner has indicated specific areas for exploration in the future, or if your knowledge of the institution leads you to consider that there may be opportunities in other subject areas in the future. We can then liaise with relevant colleagues to see if there is any interest in pursuing.		
Note that after stage 1 approval, further due diligence may be required before this proposal is finally approved				

PART B – To be completed in consultation with your Faculty Executive Team

SECTION B1- ALIGNMENT WITH DELIVERY PLANS AND BU2018	
Does the Proposal Align with the Faculty Delivery Plan? (Yes/No)	Please refer to your Faculty Delivery plan and state yes or no
Please provide details of how	Please list out any specific areas of the Faculty Delivery plan that the proposed partnership supports
Does the Proposal Align with BU2018 Vision and Values? (Yes/No)	Please refer to BU2018 Vision and Values and state yes or no

Please provide details of how	Please list out any specific areas of BU2018 Vision and Values that the proposed partnership supports
International partners only: does the Proposal Align with the Global Engagement Plan? (Yes/No)	Please refer to the Global Engagement Plan and state yes or no
Please provide details of how	Please list out any specific areas of the Global Engagement Plan that the proposed partnership supports
International partners only: have you obtained market intelligence from the International Marketing Student Recruitment Team (Yes/No) (If yes attach the feedback to the PDP)	Please confirm and provide documentation if applicable. It would also be useful to have the details of the member of the IMSRT that you have been liaising with in case we need to contact them
Please specify what marketing support will be required (if any):	Please state any marketing support you feel will be required to promote the partnership activities. This should include digital comms, web based promotion, design and printing, etc.

SECTION B2- FUNDING			
Please Indicate the BU funding available to support this partnership (external funding should be described in section 4-7 above with details of the proposal)			
Please list out any sources of funding that are available to support activities, for example any specific faculty budget, Erasmus+ monies, Global Horizons or Fusion funding or any external grants applied for or received.			
Source		Amount	£

SECTION B3- RISK ASSESSMENT			
Risk Assessment – please complete the relevant parts and total the scores			

- Please provide this information based on your knowledge, web based research and where necessary in liaison with the partner. Please however bear in mind that this form is for internal use only.
- Where two scores are relevant to your proposal please indicate the highest score only.
- Please complete each relevant section and add the scores together to show the Risk rating as per the examples below.

Part A - All partners		Part B – Academic Institutions only	
BU Partner status	Score	Partner Funding	Score
Existing partner for over 4 years	1	Publicly funded institution – well funded	1
Existing partner of 1-3 years	2	Profitable private institution	2
Former partner (expired)	3	Limited public funding	3
New partner or previous issues with BU	4	Private institution with limited funding	4
Select score		Select score	
Proposed partnership	Score	FHEQ Level or equivalent (use highest)	Score
Initial agreement, Research, Staff Exchange, Recognition, Endorsement	1	Level 4 or 5	1
Erasmus+ Student Exchange	2	Level 6	2
Non-Erasmus+ Student Exchange	3	Level 7 or 8	3
Off-Campus delivery, Articulation	4	Select score	
Franchise, Validation, Shared Delivery/Programme, other proposals	5	Total for Part B	
Select score			
Partner quality assurance processes	Score	Part C - International partners only	
Transparent, well-defined and robust	1	Partner location	Score
Processes exist, concerns raised	3	EU/EEA, US, Canada, Australia, New Zealand	1
No clear quality assurance processes in place or not known	4	Other developed country	2
Select score		Developing country (Developing Country List)	3
Select score		Select score	
Partner collaboration with UK HEIs	Score	BU experience in partner's country	Score
Significant experience (3 or more partners, most active, long term arrangements)	1	Significant experience (3 or more partners, most active, long term arrangements)	1
Some experience (at least 2 partners, one active for more than 2 years)	2	Little experience (recent partners or not active)	3
Little experience (only recent partners or little activity)	3	No experience, or not known	4
No experience, or not known	4	Select score	
Select score		Select score	
Total for Part A		Total for Part C	
Part D – Commercial entities only			
Partner Funding	Score	Experience of partnership model	Score
Stock exchange listed, profitable	1	Significant (3 or more partners, most active long	1

		term arrangements)	
Private company, profitable	2	Some (2 partners, one active for 2 years)	2
Not profitable or marginal profitability	3	Little (only recent partners or little activity)	3
No information available	4	No experience, or not known	4
Select score		Select score	
Total for Part D			
Part E – Government Bodies/Charities Only			
Partner Funding	Score	Experience of partnership model	Score
Publicly funded organisation – well funded	1	Significant (3 or more partners, most active long term arrangements)	1
Private organisation – well funded	2	Some (2 partners, one active for 2 years)	2
Private organisation - limited funding	3	Little (only recent partners or little activity)	3
No information available	4	No experience, or not known	4
Select score		Select score	
Total for Part E			
Total Score: Insert total from relevant parts			
<i>This risk assessment is a high-level tool; further risk assessment may be required later.</i>			
Select Risk rating (see guide below)			
			Select rating
UK academic institution	Low Medium High	8 or below 9 to 14 15 or above	International academic institution
UK commercial partner/Government Bodies/Charities	Low Medium High	10 or below 11 to 14 15 or above	International commercial partner/Government Bodies/Charities
			Low Medium High
			12 or below 13 to 23 24 or above
			15 or below 16 to 22 23 or above

SECTION B4- REFERENCES FOR PARTNERS		
Please list all known UK HEI partners. References will be taken up before or after the Stage One approval, depending on the risk assessment and initial due diligence.		
Partner	Type of partnership (i.e. Model)	Length of partnership
Please provide details of any partners that the institution has with UK Universities that you are aware of. If you are not aware of any UK partners but information has been provided about international or non HE partners it is also useful to have this information.	Please tell us about the arrangements where known	Let us know how long they have been partners

SECTION B5 TRAVEL AND SAFETY ISSUES – Complete for international partners only		
Please review current FCO advice and consider other information. This review must be updated before any travel (staff or student) takes place. Additional insurance requirements/restrictions may apply		
Travel/safety issues (FCO or other)	Yes/No	Provide details
Only general issues noted		If you say yes here you don't need to complete the rest. If you say no please complete the relevant sections below. It is useful to have any recent information in particular.
Specific local advice (e.g. crime, safety, weather)		
Specific risk of natural disaster or disease		
Specific risk of civil unrest or security incident		
Serious risk of terrorism including kidnapping		
Advise against all travel/all but essential travel		

SECTION B7 FACULTY APPROVAL			
Please confirm all relevant sections have been completed (Yes/No)		Please check the form and confirm it is complete. Academic Partnerships will return incomplete forms and cannot progress proposals until all information is provided.	
Signature of Lead Academic:	Please sign (electronic signature is fine)	Date:	Please date
Signature of Dean:	Please obtain signature of your Dean (electronic signature is fine)	Date:	Please date
Date approved by Faculty Executive team	Please confirm that the Faculty Executive have had sight of your proposal and approved it.		
Date Submitted to Academic Partnerships:	Please confirm the date you send the PDP to us	Received:	We will record the day we receive it (this may be different to your sent date in some cases) this allows us to track how long the development process is taking.