**Split-Site / Off-Site Approval Form**

**Confidential**

**EXPLANATORY NOTE**

This form is used to seek business and academic approval to establish an agreement with a collaborative partner for postgraduate research collaboration. It will be used to gather accurate information as part of the University’s rigorous approval, risk assessment and due diligence procedures.

All parts must be fully completed, please do not leave any blank sections. If you consider that a section of the form does not apply please mark as not appropriate. Supplementary information should be attached where requested. Please complete the form in Word (i.e. type, do not handwrite).

Please note that incomplete or false information will lead to the termination of the process and will result in the University not being able to progress the collaborative provision proposal.

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| **Part A: General information** |
| **Contact details** |
| Proposer (name of individual): | Click here to enter text. |
| Faculty/Department/School/Centre: | Click here to enter text. |
| Name of collaborative co-supervisor:Organisation:Job title:Correspondence address:Postcode:Email:Direct line: | Click here to enter text. |
| PhD application number (if known): | Click here to enter text. |
| To your knowledge, are there any existing links between the University and the proposed organisation? Please specify the nature of these links:  | Click here to enter text. |
| **Programme details** |
| Proposed University programme(s): | Click here to enter text. |
| Proposed field of study and title of research project (if known) | Click here to enter text. |
| **Period of agreement** |
| Proposed start date: | Click here to enter a date. |
| Proposed end date: | Click here to enter a date. |
| **Type of collaboration** |
| Please tick appropriate type box | [ ]  Split-site collaboration | [ ]  Off-site collaboration |
| **Principles of collaboration compliance**Please confirm the proposal meets the specified key principles which underpins all of the University’s collaborative activity (please tick all that apply) |
| According to the Strategic Statement, the University will only enter into collaborations with proposal partners in conjunction with the following principles: | Supports the achievement of the University’s aims and objectives |[ ]
|  | Able to effectively meet the University’s responsibilities for the quality and standards of University programmes |[ ]
|  | Able to uphold the University’s academic standards |[ ]
|  | Follows both the University’s and relevant legal requirements |[ ]
|  | Meets the University’s financial requirements |[ ]
|  | Meets or exceeds the University’s aims for an excellent student experience |[ ]

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| **Part B:** **Risk assessment**Completion of this section is required in accordance with the 2009 UCEA *Health and Safety Guidance for the placement of Higher Education students*  |
| **General control measures** | **Any comments or follow up action required?** |
| Has the partner institution/supervisor been used before? | Yes [ ] No [ ]  |  |
| **If yes**, are there any unresolved issues?  | Yes [ ] No [ ]  |  |
| **If no**, has a site visit been conducted? If so, what was the outcome? | Yes [ ] No [ ]  |  |
| **Risk assessment and further specific actions necessary** Use the risk-profiling tool (appendix 1) to complete this section. | **Risk profile (H/M/L)** | **Specific issues discussed with the student** | **Any comments or follow up action required?** |
| Work and/or study factors |  |  |  |
| Travel and transportation factors |  |  |  |
| Location and/or regional factors |  |  |  |
| General/environmental health factors  |  |  |  |
| Insurance limitations |  |  |  |
| **Part C: Health and Safety audit** |
| Please provide details on how the student will receive the appropriate health and safety induction at the partner organisation: | Click here to enter text. |
| Please attach the health and safety checklist (appendix 2), completed by the collaborative supervisor: | [ ]  Attached  |
| **Part D: Business case considerations** |
| Please explain the business rationale for the proposed collaborative partnership.  | Click here to enter text. |
| How will anticipated costs relating to the collaboration (e.g. travel for joint supervision, fee waivers) be covered and by whom? Please complete the Financial Schedule template (Appendix 3). | [ ]  Attached |
| How many School/Department staff will/might be involved (academic and administration)? What impact will that have on the School/Department’s teaching, research and administration? How will that impact be mitigated? | Click here to enter text. |
| Is it proposed to offer fee reductions?If yes, please attach the Fees, Bursaries and Scholarships Operations Group signed fee reduction proposal form.  | [ ]  Attached |
| Is funding being applied for that is contingenton this partnership? Please specify: | Click here to enter text. |
| **Part E: Academic case considerations** |
| Please explain the academic rationale for the proposed collaborative partnership:  | Click here to enter text. |
| Provide further information on the mechanisms for managing the relationship with the supervisors at the partner institution. | Click here to enter text. |
| Please map out the student’s programme of study showing how they would meet the minimum supervisory and training requirements. | Click here to enter text. |
| Provide information on the quality assurance processes in place at the partner institution (for example, the supervisory arrangements that will be in place for the student, the training and guidance given to collaborative supervisors, provision of access to equipment and other facilities) and length of time to be spent at each institution: (500 words maximum) | Click here to enter text. |
| Attach a CV of the partner supervisor. Summarise evidence that the co-supervisor has relevant research and research supervision experience for the supervision of University of Surrey students:  | Click here to enter text. |
| **Part F: Additional information** |
| Please provide any further information/comments relevant to this application that have not been documented elsewhere in this questionnaire. | Click here to enter text. |
| **Confirmation**I hereby certify that the statements and information in this form are true and correct, and I authorize the Directorate of Quality Enhancement and Standards/International Relations Office to investigate all statements or other information contained in this form and any attachments submitted with it. |
| **Proposer Name:** |  |
| **Signature:** |  |
| **Date:** | Click here to enter a date. |
|  **Approval signatures** |
| **Title:** | **Name**  | **Signature** (electronic signature permitted) | **Date** |
| **Faculty Business Finance Manager** (only in the case of a fee reduction) |  |  | Click here to enter a date. |
| **Head of Department/School/Centre** |  |  | Click here to enter a date. |
| **Associate Dean Doctoral College** |  |  | Click here to enter a date. |
| **Due diligence questionnaire -** *To be completed by QES/IRO and Finance* |
| Existing or previous partnerships with the proposed institution (QES): | Click here to enter text. |
| Whether the proposed institution has adequate human, material and financial resources to operate the arrangement successfully (QES): | Click here to enter text. |
| Confirmation that there will be an appropriate safe and learning environment for students and staff (QES) | Click here to enter text. |
| Any potential conflicts of interest (QES): | Click here to enter text. |
| Comments on whether the reputation of the proposed partner is sound (QES): | Click here to enter text. |
| Comments on whether there are any issues with the business and ethical links of the proposed partner, or country, which could bring the University into disrepute (QES) | Click here to enter text. |
| Satisfactory review of the credit check of the proposed partner (Finance) | Click here to enter text. |
| **IRO / QES Confirmation** - information provided is satisfactory and warrants no further investigations/clarification at this stage in the proposal process:  | Name: Position:Date: |

**Appendix 1 – Risk profiling and risk reducing actions**

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| **Factor** | **Risk profile** | **Indication** |
| **Work and/or study factors** | High |  | Working with hazards that have potential to cause permanent injury or fatalities, including:* Construction site with work at height, dusts, moving machinery, electrical systems
* Operation of machinery with mechanical hazards such as high speed rotating parts, crushing or entanglement risks
* Laboratory work with toxic/hazardous materials
* Community work with known high risk groups of clients or locations (drug abusers, homeless, violent patients)

Working with animal bedding or large or dangerous animals.Activities requiring specific licences or qualifications (e.g. diving, flying aircraft, crewing an aerial device).Working involving significant hazards in small companies that do not have professional health and safety advice. |
| Medium |  | Working in proximity to high risk factors (but not directly with them). |
| Low |  | Office work or other low hazard environments and activities. |
| **Factor** | **Risk profile** | **Indication** |
| **Travel and Transportation Factors** | High |  | Significant travel to reach placement, prolonged or on local transport facilities known to be high risk (poor driving or vehicle standards).Demanding travel during placement.Student required to drive others in unfamiliar vehicles.  |
|  | Medium |  | Night travel.Long daily commuting requirement.Student required to drive familiar vehicle in reasonable conditions. |
|  | Low |  | No significant travel, comfortable daily commute.No driving associated with placement. |
| **Factor** | **Risk profile** | **Indication** |
| **Location and/or regional factors** | High |  | Significant risk of civil disorder, crime or similar danger (e.g. placement in war zones, countries where the Foreign and Commonwealth Office (FCO) advises against travel).Unavoidable lone or remote working in proximity to significant risk (e.g. medical student elective in a refugee camp).Medical and rescue services not available quickly or locally.Means of communication likely to be difficult or compromised.  |
|  | Medium |  | Higher than normal risk of civil disorder, crime or comparable danger.Delays likely in communicating with tutors and others.Placements abroad in areas identified as low risk by the FCO. |
|  | Low |  | Placements in the UK with no significant local risks. |
| **Factor** | **Risk profile** | **Indication** |
| **General / environmental health factors**  | High |  | Regional/local health risks require mandatory and specific health protection measures (e.g. inoculations).Very hot or strenuous working conditions (e.g. manual working outdoors in the sun).Very cold working conditions (e.g. catering placement in a food cold storage / cool chill or freeze facility). |
| Medium |  | Regional/local conditions require some precautionary measures (e.g. optional inoculations against diseases; medical travel kit is a sensible precaution).  |
| Low |  | No significant environmental health risks. |
| **Factor** | **Risk profile** | **Indication** |
| **Insurance limitations** | High |  | Locations, activities and/or circumstances that are excluded from the HEI’s travel and other insurance cover.Locations where the placement provider’s insurance does not cover the student for personal or third party liability associated with the work by the student. |
| Medium |  | Locations, activities and/or circumstances that require prior acceptance from the HEI’s insurers before being covered. |
| Low |  | Locations, activities and/or circumstances that are automatically included in the HEI’s insurance cover.UK locations (where the placement provider must have employers’ liability insurance cover). |

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