**Collaborative 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).

This form should be completed for proposals where the student will be studying at a collaborative site for a period of time, where the time that would be spent is contingent to the academic progression of the research and the thesis. It should be completed by the proposing Centre/School/Department and should *not* be sent to the proposed partner.

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** |
| 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. |
| Is the collaborative co-supervisor registered on the REF submission system? If so, what is their REF number? | Yes [ ]  REF Number: Click or tap here to enter text.No [ ]  |
| 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. |
| 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. |
| Proposed start date: | Click here to enter a date. |
| Proposed end date: | Click here to enter a date. |
| **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) |
| Does the proposed collaborative co-supervisor fulfill the requirements stated in the Strategic Statement ([Code of practice for collaborative provision](https://www.surrey.ac.uk/quality-enhancement-standards/codes-practice), Appendix 1), the University will only enter into collaborations with proposal partners in conjunction with the following principles: | Yes [ ] No [ ]  |
| Does the proposed collaborative co-supervisor fulfill the requirements stated in the [*Regulations for research degrees*](https://www.surrey.ac.uk/quality-enhancement-standards/regulations): | Yes [ ] No [ ]  |

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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 formcompleted by the collaborative supervisor: | [ ]  Attached  |
| **Part D: Business case considerations** |
| Please state how any costs relating to the collaboration (e.g. travel for collaborative co-supervision; fee waivers) will be covered and by whom?Please complete the Financial Schedule (Appendix 3) | [ ]  Attached |
| Will the collaborative co-supervisor be paid by the University? | Yes [ ] No [ ]  |
| 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. |
| How will the relationship with the supervisors be managed? . | 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, along with the approximate percentage of time they are expected to be at the collaborative site for.Please include the date the student would first arrive at the University of Surrey (if not applicable, please state this) | 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. |
| **Part F: Additional information** |
| Please provide any further information/comments relevant to this application. | 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/IEO and Finance* |
| Existing or previous partnerships with the proposed institution (QES/IEO): | Click here to enter text. |
| Whether the proposed institution has adequate human, material and financial resources to operate the arrangement successfully (QES/IEO): | Click here to enter text. |
| Confirmation that there will be an appropriate safe and learning environment for students and staff (QES/IEO) | Click here to enter text. |
| Any potential conflicts of interest (QES/IEO): | Click here to enter text. |
| Comments on whether the reputation of the proposed partner is sound (QES/IEO): | 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/IEO) | Click here to enter text. |
| Satisfactory review of the credit check of the proposed partner (Finance) | Click here to enter text. |
| **IEO/ 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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