A close-up of a logo

Description automatically generated

**CAP FORM 8: Approval of New Delivery Venues for an Existing Course**

|  |  |
| --- | --- |
| **Name of person conducting check**  usually course leader/subject lead for UW provision and link tutor for collaborative provision |  |

**1. Approval Information**

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **School/Institute:** |  |

|  |  |
| --- | --- |
| **Collaborative partner** (if applicable): |  |

|  |  |
| --- | --- |
| **Name of site visited:** |  |

|  |  |
| --- | --- |
| **Course or Module proposed to be taught:** |  |

|  |  |
| --- | --- |
| **Number of Students proposed:** |  |

|  |  |
| --- | --- |
| **Staff met:** |  |

|  |  |
| --- | --- |
| **Location with proposed effect from (date):** |  |

|  |  |
| --- | --- |
| **Rationale for visit**  [e.g. new off-site delivery arrangement, expansion of partner venues] |  |

**2. Facilities and Resources:**

|  |  |
| --- | --- |
| **Resources** | **Comments** |
| Suitability of premises (size, accessibility, etc) |  |

|  |  |
| --- | --- |
| Teaching equipment (PowerPoint/ internet access/white board) and teaching environment (room size, layout, etc) |  |

|  |  |
| --- | --- |
| Availability of texts and journals (N.B. If not the primary venue for resources indicate where this will be) |  |

|  |  |
| --- | --- |
| IT access for students |  |

|  |  |
| --- | --- |
| Availability of ancillary facilities (e.g. Catering, social space, etc) |  |

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| **Any other comments:** |
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| --- | --- | --- | --- |
| **Head of School/Institute and/or Head of Department** | | | |
| Signed: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Institute Quality Co-ordinator** | | | |
| Signed: |  | Date: |  |

Please send completed form to the School Quality Administrator and College Director LTQE/Head of School/Institute (or Head of Academic Quality).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For College Director/ Head of School, Head of Academic Quality and Quality Administrator use:**   |  |  |  | | --- | --- | --- | | Date approved by College Director LTQE, as Chair of CMAS (or Head of School/Institute: | **Date:** | **Signature:** |   Confirmation of communication of changes, to be completed by School Quality Administrator:   |  |  |  | | --- | --- | --- | | Revised documentation to Registry Services and AQU | **Date:** | **Signature:** | |