

**Approval of new delivery venues for existing**

**site and resources)**

**Name of Person conducting check:** *[usually course leader/subject lead for UW in-house*

*provision and link tutor for collaborative provision]*

**Date:**

**School check conducted for:**

**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]*

**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) |  |
| Any other comments |

 Signed…………………….. Date………………..

 Forwarded to School Quality Co-ordinator for approval Date………………..

N.B. School Quality Administrator to inform AQU of any new or additional venues approved for collaborative courses.