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# APPLICATION FOR REGISTERED ADMINISTRATOR/

# HE MANAGER STATUS

# (for partner organisations approved to deliver University validated / franchised programmes)

[Click here](https://www2.worc.ac.uk/aqu/656.htm) for the Registered Lecturer Policy.

Please complete this form electronically and follow the instructions at the end of the form once completed.

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| **Partner Organisation** |  |
| **Address of Organisation** |  |
| **Organisation Postcode:** |  |
| **Programme(s):** |  |

|  |  |
| --- | --- |
| **Full name (including title)** |  |
| **Home Address and Postcode** *(used for IT verification)* |  |
| **Email Address** *(Work email address)* |  |
| **Mobile Number** *(Needed for verification process)* |  |

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| --- | --- |
| **Job Title  (present appointment)** |  |
| **Date of appointment** |  |
| **Brief description of duties** |  |
| **Start of duties in relation to UW** |  |

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| I confirm that the University of Worcester may hold this information and share any relevant information as necessary to the fulfillment and implementation of the agreement between the University of Worcester and ……………….. [PARTNER ORGANISATION] or subsequent extensions thereof.  **Date:** |

***On completion of the application form, please forward electronically to your HE Manager (or equivalent) for approval below.***

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| Approved on behalf of Partner Organisation (HE Manager or Line Manager) | |
| **Name:** | **Date:** |

**Following endorsement, the HE Manager (or equivalent) should forward the form electronically to either:**

1. **For new Course Approvals –** please send to the Academic Quality Officer identified for the course approval
2. **For members of staff joining a course team subsequent to course approval –** please send to the Academic Quality Unit ([AcademicQualityTeam@worc.ac.uk](mailto:AcademicQualityTeam@worc.ac.uk))

**The Academic Quality Unit will seek approval by the relevant Head of School (or nominee) at the University (and the course approval panel for new courses where relevant).**

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| Approved on behalf of the University of Worcester (Academic Quality Unit) | |
| **Name:** | **Date:** |

**Note to applicant:**

* Upon receipt of this form, AQU will obtain a staff number for you from Personnel and will confirm this to you by email.
* You will also be sent information regarding accessing the University of Worcester electronic resources and links to the forms you will need to complete in order for the UW Information and Learning Services to provide you with access to UW resources.