

**Form pdarf1: FROM 2019/2020**

**UCD PARTNERSHIP PROPOSAL**

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| * This proposal form should be completed for educational collaborations with partner institutions and agencies external to UCD. The completed form should be submitted to internationalagreements@ucd.ie and to umt@ucd.ie for consideration by the relevant University committee (this includes the UMT Global Engagement Group (GEG) and the University Management Team (UMT)). For information regarding the approval process relating to collaborative and other educational arrangements, see <http://www.ucd.ie/registry/adminservices/curriculum/curriculum_progs.html> or contact curriculum@ucd.ie for advice and assistance. For international institutional partnership queries please contact internationalagreements@ucd.ie. Governance queries should be directed to University Secretariat via programmes@ucd.ie.
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**Section A:**

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| **1.** | **Title of Partnership/Programme**  |  |
| **2.** | **Type of Partnership** |  |

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| **3.** | **Name of UCD Programme Director***Please include School affiliation, email address and phone number* |  |
| **4.** | **UCD College** |  |
| **5.** | **UCD Governing Board with oversight** |  |

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| **6.** | **Name of Partner Institution***Please include full postal address* |  |
| **7.** | **Partner Institution National & Global Rankings** | National Rank (#): Ranking system used (ex. Times Higher, QS, etc.): Global Rank (#): Ranking system used (ex. Times Higher, QS, etc.):  |
| **8.** | Partner Institution Contact Person*Please include School and/or College affiliation, email address and phone number* |  |
| **9.** | **Description/Status of Partner Institution** |  |
| **10.** | **Contact details of International Office at Partner Institution** *(if applicable)* |  |

**Section B:**

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| **11.** | **Outline in detail the way in which this partnership fits with the UCD School and College Strategic Plans**  |  |

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| **12.** | **Programme Summary***Please describe the structure of any collaborative programme(s): e.g. NFQ levels, total credits, programme duration, etc.* |  |

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| **13.** | **Financial Analysis** *Please outline the resource implications of the partnership, including (where relevant) the expected annual enrolment and the projected annual income* |  |

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| **14.** | **Management/Governance Arrangements** *Please describe the management or governance arrangements to oversee the partnership and/or any programmes associated with it* |  |

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| **15.** | **Existing relationship with UCD** *If there is an existing relationship with the partner and UCD, please describe the nature of the relationship; if there is not, please outline the benefits of establishing a relationship with the partner* |  |

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| **16.** | **Relationship with other Irish Institutions***Do other Irish institutions have relationships with this partner? If so, please describe the nature of these relationships* |  |

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| **17.** | **Due Diligence**Please answer the following key questions. These responses are required with respect to any partnership or collaboration (regardless of the level of risk associated with the collaboration):* How will the reputation of UCD be enhanced in the partner country or region by this association?
* Is there institutional approval of and/or management support for this partnership by all partners?
* Does the partner have robust quality assurance and quality enhancement policies, procedures and practices?
* Does the partner have the legal capacity to enter into an Agreement regarding this partnership?
* Is there clarity on financial matters such as sharing of costs and income regarding this partnership?

Where necessary, and on a case-by-case basis, the University Management Team (UMT) may determine that a more detailed process for due diligence is required. An expanded list of due diligence questions, as well as a *UCD Due Diligence Pro Forma* template, is available at ‘Information Sheet #1c – Due Diligence and Risk Management’ (this may be found via the link for ‘Collaborative Programmes’ at <http://www.ucd.ie/registry/adminservices/curriculum/curriculum_progs.html>. The University Management Team (UMT) may also consider the necessity of a *Partnership Case Clinic* to assist in the evaluation of a proposed collaboration. |  |

**Section C:**

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| **18.** | **Head of School**(Print Name & Signature) |  |
|  | **Comments**(to be completed by the Head of School) |  |
|  | **Signature and Date**(to be completed by the Head of School) |  |

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| **19.** | **College Finance Manager**(Print Name & Signature) |  |
|  | **Comments**(to be completed by the College Finance Manager) |  |
|  | **Signature and Date**(to be completed by the College Finance Manager) |  |

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| **20.** | **College Principal**(Print Name & Signature) |  |
|  | **Comments**(to be completed by the College Principal) |  |
|  | **Signature and Date**(to be completed by the College Principal) |  |