

**Application to utilise an additional and/or new site for the delivery of an award(s) of Liverpool John Moores University**

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| **Person completing the application** |
| **Name:** |  |
| **Role:** |  |
| **Institution:** |  |

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| 1. **Details of the proposed site(s)**
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| **1.1. Partner Institution** |
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| **1.2. Proposed site(s) of delivery** | **Full Address** |
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*(Please add additional rows as necessary)*

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| **1.3. Has there been any visit to the site(s) by a member of LJMU staff?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “Yes” please confirm the date this visit took place and who undertook the visit?** |
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| **If “No” please confirm how the appropriateness of the site(s) has been evidenced?**  |
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| **1.4. Will delivery at the new site(s) be instead of, or as well as, an existing site(s)** **approved by LJMU?** |
| **Replacement site(s)** | **Additional site(s)** |
|[ ] [ ]
| **If the proposed new site(s) will replace an existing site(s), approved by LJMU, please confirm the site(s) that will be replaced.** |
| **Site(s) to be replaced** | **Full Address** |
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*(Please add additional rows as necessary)*

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| **1.5. Proposed date from which the new site(s) will be utilised to deliver an award of LJMU.** |
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| **1.6. Please confirm the programmes that will be delivered at the proposed site(s)** |
| **SIS Code** | **Programme award and title** | **Approval status** | **Responsible for delivery** | **Model of collaboration (e.g., Validated, Franchise, Joint, Dual)** | **Does the programme require specialist resources** | **PSRB** **(if applicable)** | **Programme Leader** | **Link Tutor** | **New site(s) to be utilised** |
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*(Please add additional rows as necessary)*

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| * 1. **For any programmes where the approval status is identified as “Other” please provide further details.**
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| * 1. **For any programmes where responsibility for delivery is “Shared” please provide further details.**
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| * 1. **Will the programme(s) at the new site(s) be delivered by the existing**

**teaching team or a new team?** |
| **Existing team** | **New team** | **Combination of new and existing** |
|[ ] [ ] [ ]

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| * 1. **Will the cohort of students to be taught at the new site(s) be the same as the**

**existing cohort or a new, additional, cohort?** |
| **Existing cohort** | **New, additional cohort** | **Both** |
|[ ] [ ] [ ]

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| * 1. **Please provide a brief rationale for the addition/change to the delivery site.**
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| 1. **Resources**
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| **2.1. Please provide details of the lecture rooms/theatres and classroom facilities at the proposed site(s).**  |
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| **2.2. If applicable, do the lecture rooms/theatres and classroom facilities at the proposed site(s) differ to cognate facilities at the original site(s)?** |
| **Yes** | **No** | **N/A** |
|[ ] [ ] [ ]
| **If “Yes”, please explain your response.** |
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| **2.3. Are library facilities available at the new site(s)?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “No”, please confirm how students at the new site(s) will access library facilities.** |
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| **2.4. Will student support services (e.g. counselling, welfare, financial advice, careers advice), which are equivalent to those at the existing site(s), be available at the new site(s)** |
| **Yes** | **No** |
|[ ] [ ]
| **If “No”, please describe how access to student support services will be facilitated for students at the new site(s)** |
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| 1. **Specialist Resources**
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**If a positive response has been provided to question 1.3, questions 3.1 – 3.5 do not need to be completed. If this is the case, please go directly to question 3.6.**

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| **3.1. Specialist Resources – Module Level Consideration****This summary needs to be completed in relation to the modules that feature within the programmes, identified in question 1.6, as necessitating the use of discipline-specific specialist resources, e.g., laboratory equipment, computing equipment and software, and does not need to be completed for solely classroom-based modules.** **Please provide photographic or video evidence of the equipment described below, in situ, as supporting evidence.** |
| **Module code and title** | **Specialist equipment required for delivery of the module** | **Is this specialist equipment currently in place at the partner provider?** | **If ‘Yes’, please confirm what evidence has been provided to show the resource in situ?** | **If ‘No’, please confirm details of what will be purchased and the planned timeline for when this will be purchased?** |
| **Yes** | **No** |
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*(Please add additional rows as necessary)*

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| **3.2. If the programme requires a project to be completed, will this require different equipment to that listed above?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “Yes”, please provide details.**  |
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| **3.3. Please describe how and when students will access the specialist resources identified in question 3.1. For example, will the resources be accessed within scheduled taught sessions only, or will there be any arrangements for students to use the resources outside of taught sessions for work on assessments or projects?** |
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| **3.4. Do students require support to assist them in utilising any of the specialist resources identified in question 3.1?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “Yes”, please describe how this support will be facilitated at the new site(s)** |
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| **3.5. Please describe the arrangements in place, at the new site(s), to ensure the health and safety of students using the specialist resources identified in question 3.1.**  |
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| **3.6 If the proposed site(s) has been visited by a member of LJMU staff (see question 1.3) were the required specialist resources in place?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “No”, are you content that appropriate arrangements are in place to ensure that the necessary specialist resources are obtained?** |
| **Yes** | **No** |
|[ ] [ ]
| **If “No”, please explain your response.** |
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| **Endorsement** |

**I confirm that I have considered this application, and associated evidence, and I am content that the new site(s) is appropriate for delivery of the programme**

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|  | **Signature and Name** | **Date** |
| **Link Tutor** | Name: |  |
| **Any additional comments:** |  |

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|  | **Signature and Name** | **Date** |
| **Head of Academic Quality and Standards** | Name: |  |
| **Any additional comments:** |  |

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| **Approval** |

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| **Date approved by Validation and Review Oversight Panel** |
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*A copy of the completed Additional or New Site Approval form will be saved as part of the definitive programme record.*