University of Suffolk

**Expression of interest form: prospective partnership arrangement**

*If you are interested in entering into a partnership with the University of Suffolk, please complete this form as fully and accurately as possible and submit it to* [*partnerships@uos.ac.uk*](partnerships@uos.ac.uk) *for initial consideration. You can find out more about our partnership approval processes at* [*https://www.uos.ac.uk/content/approval-monitoring-and-review-partnership-activity*](https://www.uos.ac.uk/content/approval-monitoring-and-review-partnership-activity)*.*

**PART A: BACKGROUND INFORMATION**

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| 1. **Proposed partner institution**   *Please provide name, address and website address* |  | | | |
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| 1. **Institution type** *(e.g. university, college, alternative provider)* |  | | | |
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| 1. **Funding status** *(please select)* | Publicly-funded | Private non-profit | Private  for-profit | Other *(please specify below)* |
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| 1. **Year institution established** |  | | | |
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| 1. **Company registration number and current company directors** *(where relevant) Please include details of any former name(s) that the organisation has operated under.* |  | | | |
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| 1. **Mission and HE strategy** *Please provide a summary of your organisation’s mission and strategy for higher education, and comment on how this aligns with the University of Suffolk’s* [*strategic vision*](https://www.uos.ac.uk/content/our-vision)*.* |  | | | |
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| 1. **HE portfolio and student numbers**   *Please provide a list of existing HE programmes that you deliver, and for each programme state:*   * *level of provision in relation to the UK Framework for Higher Education Qualifications (FHEQ)* * *name of the awarding body* * *current student numbers enrolled on programme* * *language of delivery and assessment.* |  | | | |
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| 1. **Resources and staffing**   *Please provide a summary of facilities and resources at your institution, including numbers of academic and support staff.* |  | | | |
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| 1. **Collaboration with other UK universities**   *Please provide information on any existing or past links with other UK universities, including the nature of the partnership arrangement and start/end dates. For past collaborations, please state the reason(s) for termination of the partnership.* |  | | | |
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| 1. **Lead contact** *Please provide the name, job title and contact details (email and phone number) of the primary point of contact within your organisation.* |  | | | |
| **PART B: PROPOSED PARTNERSHIP ARRANGEMENT** | | | | |
| 1. **Description of proposed partnership arrangement**   *Please provide a summary of the partnership arrangement that you are proposing, including proposed date of commencement, rationale, subject areas involved and anticipated student demand over the next five years.* | | | | |
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**PART C: AUTHORISATION BY HEAD OF INSTITUTION OR NOMINEE**

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| *I confirm that the information on this form is accurate, complete and up-to-date.* | | | | | |
| **Signed:** |  | **Job title:** |  | **Date:** |  |