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|  | UHI UNIT APPROVAL (SQA)Individual Unit Approval Application Form | AP3 |
| **Academic partner:** |  |
| **Parent UHI subject network:** |  |
| **Parent UHI faculty:** |  |
| **Please indicate whether the unit is currently offered at other UHI academic partners. If ‘yes’, please highlight relevant centres below:**  | Yes / No |
| AC | HTC | IC | WHC | LCC | MC | NAFC | NHC | OC | PC | SAMS | SC | SMO |
| **Please indicate the nature of collaboration that is taking place with the relevant Academic Partner(s) (ie the extent to which teaching and assessment material will be shared):** |
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| Unit Information |
| **Unit title:** |  |
| **Unit code:** |  | **Start date:** | *mm/yyyy* |
| **Part of programme:** *(title)* |  | **Stand alone unit:** | Yes / No |
| **Awarding body:**  |  | **Mode of delivery:** (*ft/pt/flexible)* |  |

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| **UNIT APPROVAL CRITERIA** |
| **Please indicate (yes / no) whether *all* the requirements 1 – 5 are in place to enable delivery of the unit. If no, please provide further comment below where relevant:** |
| 1. **Accommodation**

*Accommodation must be suitable and take account of any technical/ specialist needs* | **In place** |
| Yes | No |
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| **2. Reference materials** *The reference material and access to it must be adequate* | **In place** |
| Yes | No |
|  |
| **3. Equipment***Sufficient appropriate equipment should be available* | **In place** |
| Yes | No |
|  |
| **4. Learning and teaching material***Sufficient appropriate learning and teaching material should be available to enable initial delivery* | **In place** |
| Yes | No |
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| **5. Assessment** *The instruments of assessment selected must be appropriate to the requirements of the unit. Assessment materials must be available for initial delivery, and appropriate to, the award* | **In place** |
| Yes | No |
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| **6. Assessors***The assessor/s must be:* | **In place** |
| Yes | No |
| 1. *competent in the subject / moderation / occupational area to a level appropriate to the award*
2. *competent in the use of assessment of the type of involved in the award*
3. *familiar with the award procedures and documentation*
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| **APPROVAL CONFIRMATION (Signatures) - For Academic Partner Use** |
| **Programme leader:** |  | **Date:** |  |
| **Internal moderator:** |  | **Date:** |  |
| **Head of division/ faculty/school:** |  | **Date:** |  |
| **AP quality manager:**  |  | **Date:** *(date forwarded to EO)* |  |

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| **OUTSTANDING APPROVAL CRITERIA REQUIREMENTS - For Academic Partner Use** |
| **Details of outstanding resource requirements:** |  |
| **Achievement of requirements confirmed by:**  |  | **Date:** |  |
| **AP quality manager:**  |  | **Date:** |  |

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| **APPROVAL CONFIRMATION - For UHI Executive Office Use Only** |
| AC | HTC | IC | WHC | LCC | MC | NAFC | NHC | OC | PC | SAMS | SC | SMO |
| **Academic partners currently offering the unit** *(Please circle above)* | **None:** |  |
| **UHI SQA Co-ordinator:** |  | **Date:** |  |
| **SQA DA2 APPLICATION - Yes / No** |
| **DA2 forwarded to SQA:** | *Date* | **AP quality manager notified of SQA approval:** | *Date* |
| **Unit approval recorded on SITS:**  | *Date* | **AP3 copied to dean of faculty:**  | *Date* |