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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 |
|  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 | | |
|  |  | | |
|  | | | | | | |
| **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 | | |
|  |  | | |
|  | | | | | | |
| **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* | | | | | | |
|  | | | | | | |
| **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* | |