

# Request to Change an accredited programme/scheme 2019-20

|  |  |
| --- | --- |
| **Name of institution** |  |
| **Name key contact** |  |
| **Email** |  |
| **Phone** |  |

## Part A: Please provide details of your accredited programme/scheme:

Please complete the two tables below with details of your existing programme/scheme and of the programme/scheme you wish to be considered for a change(s)

### Table A - Complete this table for all existing accredited programme/scheme at your institution

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Titles of accredited programme/scheme as listed on the Accreditation Certificate**  Note: May include an over-arching CPD Scheme with developmental pathways within it | Accreditation case number | Descriptors  Mark with 'x' as applicable | | | |
|  |  | D1 | D2 | D3 | D4 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Table B - Complete this table for the programme/scheme proposed for change

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of programme/scheme as listed on the Accreditation Certificate | Accreditation case number | Descriptors  Mark with 'x' as applicable | | | |
|  |  | D1 | D2 | D3 | D4 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## When would you like this change to be implemented?

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## Part B – Institutional responsibilities and sign off

### Table 3 – Key contact details for programme/scheme to be revised

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| --- | --- | --- |
| **Title of programme/scheme to be revised** | **Programme leader**  Name, job title and email address | **Administrator (if applicable)**  Name and email address |
|  |  |  |
|  |  |  |

## Institutional sign off and declaration:

This section is to be completed and signed off by the Manager with overall responsible for accredited programmes at the institution (for example, Head of Educational Development/Academic Practice)

I hereby confirm that the institution has been guided by the Accreditation Policy 2018-19 and that all internal sign-off procedures have been completed.

### Table 4 – Institutional sign off

|  |  |
| --- | --- |
| **Name of institutional contact** |  |
| **Electronic signature** |  |
| **Position in institution** |  |
| **Contact email address** |  |

## Part C – Rationale for proposed change

Please consider the questions below and provide **information** to address these (where applicable). This information will be used to determine whether the change proposed is minor or major in nature:

* What is the rationale for the changes to take place?
* Will the change affect the design/structure/format of the programme/scheme?
* Will the change involve a different mode of delivery/different group(s) of participants/location of campus or partner institution?
* Will there be a change to the mode or format of assessment/ the application process?
* Will the change alter any stage in the recognition decision-making process that was accredited?
* Will this change impact on any other accredited provision at the institution?

### Table 5 – Rationale for change

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## Part D: Clear comparison of existing and proposed programme/scheme

Please populate Table 6 below with concise information to provide a clear comparison of the existing and proposed programme/scheme. The information provided will enable the Change to Accredited Programme/Scheme Panel to review the impact of any changes proposed to the accredited programme/scheme in order to ensure that accreditation criteria 2-4 (please refer to policy) are still addressed.

To help illustrate the type of information required, the following examples may be useful:

Accreditation Criterion 2 – Programme Design

* any change to design/structure/format/learning outcomes of the programme/scheme
* change to design to suit a new mode of delivery/different group(s) of participants

Accreditation Criterion 3 - Support and Guidance

* any change to support in place for participants e.g. for a new mode of delivery/different group(s) of participants
* any change to the format of assessment/application process and associated guidance

Accreditation Criterion 4 - Fellowship Judgements

* change to review process due to a new mode or format of assessment/application
* change to any step in the process by which the fellowship judgement is reached

### Table 6 – comparison of existing and revised programme/scheme

|  |  |
| --- | --- |
| **Current programme/scheme** | **Revised programme/scheme** |
|  |  |
|  |  |
|  |  |
|  |  |

\*Insert additional rows as needed

## Part E – Participant-facing guidance

Please send the revised participant-facing guidance as an attachment to this template with any revisions clearly highlighted.

## Submitting the completed Advance HE minor change to accredited programme/scheme template

When completed this template and attached participant-facing guidance should be emailed to the Accreditation Team at [accreditation@Advance-he.ac.uk](mailto:accreditation@Advance-he.ac.uk)

## Any queries

Please contact the Accreditation Team by email at [accreditation@Advance-he.ac.uk](mailto:accreditation@Advance-he.ac.uk) or by phone on 01904 717500 if you have any further queries.