

# Part C Application

for programme delivery  
outside of Accredited Centre  
Status (ACS) address

1. This form is to be completed for institutions which deliver their programme/s outside of Accredited Centre Status address
2. Only one Part C is required per location.

## Section A – Contact & Programme Details

### 1. Details of validating institution

Date of application:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Name of validating teaching institution:

Contact name of person to whom correspondence should be addressed:

Postal address of main contact:

Email address:

Telephone number:

2. Contact details of other institution/  
address delivering programme/s outside of  
ACS address (UK or overseas)

Name of  
institution:

Website:

Name of Head of  
Department:

Do they consent  
to being contacted  
by the CIOB if  
necessary?

Postal  
address:

Telephone  
number:

Email  
address:

3. Programme details

Degree programme(s) to be considered under this application:

Please indicate the date the partnership commenced and the date of commencement of each  
degree programme:

## Section B – Partnership Agreement

1. Briefly describe the agreement between two sites and how it is managed.

2. How is student work set, assessed and moderated? Please detail each organisation's staff that are involved in each stage.

3. Is the teaching staff employed locally by the partner? If yes, are they required to have a teaching qualification? Please detail if they are full time or part time employees.

4. How is programme content localised, e.g. local legislation, and do teaching staff have an input into course content? Please outline how teaching materials are developed and/or approved by the home institution.

5. What facilities both electronic and hard copy versions, are made available to students e.g. library/laboratories? Please confirm if the student numbers are included in HESA return of the main institution.

6. Please describe the student induction process e.g. library and other facilities.

## Section C – Sign off

1. Please sign and date the application below:

Date:

DD MM YYYY

Print name:

2. Please indicate if you would like details of your accreditation announced on CIOB's website:

Yes:

No:

3. Please tick if the appendices listed below are attached to the application:

### CHECKLIST OF APPENDICES

1. Programme Specification Document

2. Module Descriptors

3. Student Handbook

4. Work-based Learning Handbook

5. Staff CVs

6. External Examiner Reports