 **Exchange Partner Proposal Checklist**

1. **General Information**

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| Programme Leader Name  |  |
| ENU Programme Title |  |
| Name of proposed partner institution |  |
| Date of visit to partner (if applicable) |  |
| Name of school staff who will sign Learning Agreements for students going on exchange  |  |
| Named contact at partner institution in the event of concerns about the safety and welfare of students |  |

**2. Institution Contacts**

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| --- | --- | --- |
| **Information** | **Name and Position** | **Email and Telephone** |
| **ENU contact** responsible for proposed exchange. (Will be named as Academic Contact on the Erasmus+/Overseas Bilateral Agreement) |  |  |
| **International Office contact** at partner institution |  |  |
| **Academic Contact** at partner institution |  |  |

1. **Outgoing Students: Proposed mobility arrangements**

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| --- | --- | --- | --- |
| **ENU Subject area (eg.BA Film)** | **Proposed number of students to be exchanged *(e.g. 2 x 1 semester, 1 x Full Year)*** | **Level of outgoing exchange *(e.g. Year 3)*** | **Nature of exchange (e.g. compulsory or optional)** |
|  |  |  |  |

1. **Term Dates**

Bearing in mind term dates at both institutions and availability of modules at the partner, please complete which of the following options will be possible for ENU students. (Erasmus+ exchanges must be a minimum of 3 months including any orientation and assessment periods).

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| --- | --- | --- |
| **Period of mobility** | **‘X’ if possible** | **Any comments / restrictions**  |
| Full year |  |  |
| Autumn Semester |  |  |
| Spring Semester |  |  |

1. **Initial questions**

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| --- | --- |
| **Question** | **Answer** |
| **Have you checked that the partner university offers acceptable equivalents (level, content, learning outcomes) to ENU modules with at least 30 ECTS per semester at an appropriate level?** | Yes / No |
| **Will all modules be taught in English at the University?** | Yes / No |
| If no, please describe what provision will be in place for students without foreign language skills |  |
| **Will ENU students need to sit a language test evidencing their ability as part of the partner application process?** | Yes / No |
| If yes, please specify the test type and minimum result required |  |
| **Are there any accreditation issues for your students?** | Yes / No |
| If yes, please describe how these will be accommodated  |  |
| **Are you confident you will be able to achive reciprocity of numbers (i.e. a balance of incoming/outgoing each year?** | Yes / No |
| If no, please outline what action you plan to take to ensure reciprocity. |  |

1. **Assessment questions**

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| **Questions** | **Details** |
| **When do assessments take place?** |  |
| **When will the student receive their results from the partner institution?** |  |
| **When will the University receive the student results from the partner institution?**  |  |
| **What arrangements will there be for students who need to reassess a failed module while on exchange?***(e.g. can they resit exams back home in Edinburgh if supervised by ENU staff?)* |  |

1. **Please provide your overall assessment of how you will ensure the health, safety and welfare of students and facilities and infrastructure at the partner institution**

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| --- | --- |
| **Facility / Infrastructure** | **Comments** |
| **Study facilities** |  |
| **Accommodation** |  |
| **Orientation programme and pastoral support for exchange students to ensure health safety and welfare** |  |
| **Ease / cost of daily travel** |  |
| **Does the institution have a written health and safety policy?** |  |
| **Does the partner institution carry out relevant risk assessments?** |  |
| **Has the partner signed a data protection data sharing agreement?** |  |
| **What form of health and safety briefing is given to incoming students?** |  |
| **Does their induction include accident and emergency procedures?** |  |
| **Is there appropriate signage on campus (e.g. emergency exits etc?)** |  |
| **Are appropriate personal protective equipment (protective glasses/ear defenders etc.) provided? (if relevant)** |  |
| **What form of supervision is there for students working with specialised machinery etc.? (if relevant)** |  |
| **Is there a procedure for reporting accidents and incidents?** |  |
| **Are there any issues/advice regarding safe travel in the area, e.g. between the accommodation and the campus?** |  |
| **Are there any local factors which visiting students/staff should be aware of (e.g. vaccination requirements, possibility of severe weather conditions, earthquake etc.)** |  |

1. **Incoming Students: Proposed mobility arrangements**

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| --- | --- |
| **Question** | **Answer** |
| **What level will students study at?** |  |
| **What Trimester will the students study in?** | Autumn Semester – Yes / NoSpring Semester – Yes / NoBoth – Yes / No |
| **Are there any capacity issues?** | Yes / No |
| **Do relevant module leaders know?** | Yes / No |
| **Are there any specific admission requirements as part of the application process (e.g. portfolio etc.)** | Yes / No |
| If yes, please provide details |  |
| **Please provide any other relevant details** |  |

1. **Staff: Proposed mobility arrangements**

Teaching exchanges are normally 1 week in duration but can be a minimum of 2 days / 8 hours. Please only complete this question if this an Erasmus+ agreement.

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| **Question** | **Answer** |
| **Subject Area** |  |
| **Proposed number of staff to be exchanged each year** |  |

1. **Safeguarding Policy and University Values Agreement**

The protection of students from harm and abuse is a key priority for Edinburgh Napier University. Any partner or collaborating University is required to agree to honour and follow the principles of the University Safeguarding Policy and University Values. As part of the formal agreement that will be signed by the partner and Edinburgh Napier University, the partner will be formalising that commitment.

The University Safeguarding Policy and Values should be sent to the host prior to the completion of this form and the exchange partner will confirm compliance with it by signing the box below.

|  |  |
| --- | --- |
| **Please confirm a copy of the University Safeguarding Policy and Values Agreement has been sent to the exchange institution and that the named contact has confirmed compliance with the policy.** | Yes / No |
| **Date sent** |  |

1. **Further collaborations and any other details**

Please provide details of any discussions around other collaborations e.g. research etc. and any other information that might be relevant as part of this form.

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1. **Signatures**

The person who has completed this form should ensure all the appropriate signatures have been completed. Please then scan and email to the Global Mobility Team at studyabroad@napier.ac.uk.

|  |
| --- |
| **Proposing programme leader (or relevant academic staff member)** |
|  I confirm that I have completed this proposal wholly and accurately and recommend this exchange partnership.Name ……………………………………………………………………………………………………………..Signature: ………………………………………………………………………. Date: ………………………. |

|  |
| --- |
| **School lead for mobility (SAL International or other)** |
|  Based on the information provided in this proposal and in line with the school strategy, I agree to the establishment of this exchange.Name ……………………………………………………………………………………………………………..Signature: ………………………………………………………………………. Date: ………………………. |

|  |
| --- |
| **School Academic Adviser for visiting students**  |
|  Based on the information provided in this proposal and in line with the school academic offerings, I agree to facilitate incoming students through this agreement.Name ……………………………………………………………………………………………………………..Signature: ………………………………………………………………………. Date: ………………………. |

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| **Global Mobility Team**  |
|  This proposal to create a reciprocal exchange agreement with this institution has officially passed through the IMFName ……………………………………………………………………………………………………………..Signature: ………………………………………………………………………. Date: ………………………. |

Global Mobility Team

Edinburgh Napier University

Email: studyabroad@napier.ac.uk

Call: +44 (0)131 455 3412 / 2359 / 4574