

**To be completed by the DMU Servicing Officer**

**Six Month Follow-up of the Partner Approval/ Collaborative Review Visit for [PARTNER INSTITUTION]**

Summary of action taken on conditions and recommendations made at the Partner Approval/ Collaborative Review event on [DATE]

**[DATE OF REPORT]**

**Details of attendees**

A list of who was present at the review from both DMU and the partner institution should be noted. At a minimum the original DMU Chair and Servicing Officer of the event should attend the review. From the partner institution the main Principal/Director or equivalent should be present and any other relevant members of their senior management team.

**Purpose of the six month follow up meeting**

To undertake a six month review of progress against conditions and recommendations made at the original approval event. The purpose of the meeting is to provide an opportunity to expand on the responses received and explore any items that require further discussion. The Chair should confirm that the conditions can be closed and provide any additional commentary which should be detailed in this report.

**Well in advance of the meeting, the partner, faculty (and Educational Partnerships/ Global Partnerships Unit, where applicable) should liaise to complete the ‘Executive Summary’ (see page 2). On completion, the partner should submit the summary to the event’s Servicing Officer for onward transmission to the Chair, in advance of the meeting.**

**Executive Summary**

This section should provide:

* An overview of the formal outcome of the event including the number of conditions, recommendations and required technical corrections. A copy of the original full report should be circulated with the six month follow up report.
* Any pertinent developments since the event from either partner should be summarised here to provide context for the completion of any conditions and recommendation, or any other information that is useful for the purpose of the review.
* Outcome of the discussions from the face-to-face meeting held for the six month follow up with reference to the completed Executive Summary and confirmation that all conditions have been closed and recommendations taken into consideration.

The Chair should confirm that the conditions can be closed and, where applicable, provide any additional commentary.

**EXECUTIVE SUMMARY** – *to be completed by the partner in consultation with the faculty and EP/ GPU*

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| **Date of event** |  | \***Visit required for six-month follow up:** | Yes | No | **Date of visit:** TBC |

\*Generally the six month follow-up review will be conducted via video conference. Alternatively a follow-up visit may be required or, in some circumstances, the follow up may be conducted via a paper-based exercise.

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| **REPORT REF.** | * **Condition** * **Required Action** * **Recommendation** | **Named person(s) responsible for implementation** | **Update on action taken and likely timescales for completion**  If no action has been taken for the Recommendations, please provide the rationale for this. | | **STATUS at SIX MONTH REVIEW**  i.e. CLOSED/PENDING  (to be completed by the Servicing Officer) |
| **Progress on action taken** | **Deadline date for completion** |
|  |  |  | **DATE:**  Latest update | [DATE] |  |
|  |  |  | **DATE:**  Latest update | [DATE] |  |
|  |  |  | **DATE:**  Latest update | [DATE] |  |
|  |  |  | **DATE:**  Latest update | [DATE] |  |
|  |  |  | **DATE:**  Latest update | [DATE] |  |
|  |  |  | **DATE:**  Latest update | [DATE] |  |

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| **Submitted by [PARTNER]** | **DATE** |
| **Approved by Chair** | **DATE** |