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| Proposal for New CPD Offering (Non-ECTS) – CPD3 | | | |
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| Section 1: This should be completed for **all new non-ECTS CPD offerings** and submitted for review and approval to the Host School/Department. This form is designed to capture considerations specific to all non-ECTS CPD offerings.. | | | |
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| **1** | Title of CPD Offering |  | |
| **2** | Type of Activity and Mode:  Workshop / Lecture / Seminar / Other (provide details). Specify Venue and blended/online |  | |
| **3** | CPD Offering Objective Detail of CPD offering / topics covered |  | |
| **4** | Rationale Detail any insight you have into the need for the proposed offering. |  | |
| **5** | Justification for the Offering How does the offering align with the School’s strategy on CPD? What is the marketing strategy for the offering including competitor analysis? | Dependent on type of offering (not required for smaller offerings) | |
| **6** | Length of Activity: Days/weeks/hours as applicable |  | |
| **7** | CPD Proposer (Academic) |  | |
| **8** | CPD Co-ordinator (if different to proposer) |  | |
| **9** | Anchored School/Department/Unit |  | |
| **10** | If offering is interdisciplinary, please detail partnering School/Dept here | School/Dept:  Contact: | |
| **11** | Learner Fee |  | |
| **12** | Inclusions as part of learner fee Detail anything that is included as part of course e.g. library access, refreshments etc. |  |  |
| **13** | Minimum/Maximum Attendees |  | |
| **14** | Target Audience(s) Include primary and secondary audience(s)(as appropriate). |  | |
| **15** | Professional Accreditation What (if any) professional body or bodies recognise the offering for their CPD requirements? Please include the name(s) of the professional body and CPD (or other) units/hours associated with the offering |  | |
| **16** | Time Commitment (Hours) Include contact and self-directed time | Contact Hours:  Self-directed Learning (if applicable): | |
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| Section 2: Facilities/Admin Detail - to be completed where applicable prior to submission to CCPD | | | |
| **1** | Costs Detail Consider listing individual costs for: room hire, catering, external lecturer/speaker fees, travel costs, handouts | Non mandatory - to be confirmed school level | |
| **2** | \*Include total projected costs here -> | Non mandatory - to be confirmed school level | |
| **3** | Include Agresso Cost Centre Code:  Code to be used for transfer of funds |  | |
| **4** | Frequency of Offering Will the CPD offering be once-off/offered on request/ every semester/once in an academic year etc. |  | |
| **5** | Proposed Dates/Time Please include details on the proposed timings of the event. |  | |
| **6** | Facilities Used for Delivery |  | |
| **7** | Marketing/Upload to CPD Website Y/N |  | |
| **8** | Certification Required State whether Attendance/Completion and ensure wording for Certificate template attached as part of submission. If other, please provide details. |  | |
| **9** | Offering Description for Upload to Website Ensure appropriate detail completed for advertising on CPD website - high level overview of CPD Offering, not more than 150 words |  | |
| **10** | Cancellation Fee Detail if any cancellation fee required on cancellation by student. |  | |
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| **SIGNATURES** | | | |
| By signing this form, you are indicating that any necessary initial consultations have occurred and that the offering has been reviewed and approved locally in the School. | | | |
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| Head of Anchored School (or Nominee) | |  | Date: |
| (Print Name & Signature) | |
| School CPD Contact | |  | Date: |
| (Print Name & Signature) | |