The completed Impact Statement will enable Information Technology Services (ITS) to determine potential impact on existing services and infrastructure as a result of the introduction of new Program and Qualification proposals by Federation TAFE, and Information Technology Services (ITS) and for the Federation University community. Changes to existing modes and Programs of study, and/or the introduction of new Programs/Qualifications must take into account the resources and available services within Information Technology Services (ITS) to support the program/qualification.

1. **The Impact Statement must be completed for all new Program/Qualification proposals and/or proposals to alter an existing Program.**
2. **Full Program/Qualification documentation must be provided to enable accurate assessment by Information Technology Services (ITS). Financial data is not required to be provided by the Department.**
3. **All sections of the form must be completed.**
4. **The completed form must be forwarded to the Director, Information Technology Services (ITS) or nominee for endorsement.**
5. **Return to Director Operations, Federation TAFE for final approval.**

**Part 1 – General:** *to be completed by the Department*

|  |  |
| --- | --- |
| **Faculty:** |  |

|  |  |
| --- | --- |
| **Program/Qualification Title:** |  |

|  |  |
| --- | --- |
| **Program/Qualification Code:** |  |

|  |  |
| --- | --- |
| **Proposed Start Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated enrolment:** | EFTSL |  | On campus numbers |  |
|  | | | | |
| (*Tick as appropriate*) |  |  | Off campus numbers |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Delivery Locations:** | Horsham Campus |  | Camp St Campus |  |
|  | | | | |
| (*Tick as appropriate*) | SMB Campus |  | Mt Helen Campus |  |
|  | | | | |
| Gippsland Campus | |  | Berwick Campus |  |
|  | | | | |
| Partner Provider | |  | Other |  |
|  | | | | |
|  | | | | |
| *Partner Provider’ or 'Other', please provide details, including partner name and location* | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed Delivery Mode/s:** | | | | | | |
| (*Tick relevant boxes and provide details below*) | On Campus |  | Off Campus |  | Online |  |
|  |  | Workplace |  | Flexible\Blended |  |
|  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

# Part 2 – Information Technology Services (ITS) Impact: *to be completed by the Department*

|  |  |
| --- | --- |
| **Impact / Issues** | **Yes/No** |
| New subject/discipline  *Please complete the* ***Impact Checklist*** *below* |  |
| An increase (greater than 20) in the number of students for an existing subject  *Please complete the* ***Impact Checklist*** *below* |  |
| A change in the mode of delivery for existing subjects/disciplines (i.e. move to online, off campus)  *Please complete the* ***Impact Checklist*** *below* |  |
| **Impact Checklist** | |
| Program/Qualification to be taught via Partner Provider (on or offshore) |  |
| Off-campus information and support strategies have been identified.  *Staff teaching the Program are familiar with appropriate Information Technology Services (ITS) support staff and contacts;*  If **No** please list additional information that you would like Information Technology Services (ITS) to provide |  |
| Purchase of additional hardware resources may be required:   * for connections to networks * other (please specify) |  |
| Access to University internet or email is required |  |
| Remote access to University networks is required |  |
| Access to video conferencing and/or streaming to support the delivery of the course is required |  |
| Purchase/licence of new software resources for network access is required.  Please provide details |  |
| Purchase of additional user licences of existing software is required.  Please provide details |  |
| Extended access to ITS facilities and staff:   * on weekends * in the evening |  |

**ITS Approval:**

Based on the information provided above,

🞏 The program/qualification creates no new demands on Information Technology Services (ITS) that cannot be met from within existing funding allocations. The program/qualification is supported.

🞏 Information provided indicates that the Department has NOT adequately investigated and addressed the provision Information Technology Services (ITS) resource needs and support for students enrolled in this program/qualification.

|  |
| --- |
| Additional comments: |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Executive Director, Information Technology Services;** **or Nominee**  ***(Please sign)*** |  | **Date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Part 3 – Overall Assessment and Approval:** *to be completed by Director Operations, Federation TAFE.*

I verify that I have completed the required Impact Statements and undertaken the appropriate consultations with relevant Information Technology Services (ITS) staff where necessary. I am satisfied that the Department has identified any potential impact on Information Technology Services (ITS), and that strategies have been agreed to address any issues identified.

|  |  |  |
| --- | --- | --- |
| **Director Operations, Federation TAFE**  ***(Please sign)*** |  | **Date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_ |