The Academic Board must approve all VET Internally Approved Programs prior to delivery commencing. A complete application must be presented to Curriculum Committee for endorsement (all signatures and supplementary information must be scanned into this document). For more information on this process refer to *Approval of TAFE Internal Programs procedure.*

|  |
| --- |
| PROGRAM DETAILS |
| Program title |  |
| **Course code** | UB……… |
| **Duration (hours)** |  |
| **Field of education (ASCED) code** |  |  |
| **Occupation (ASCO) code** |  |  |

|  |
| --- |
| CURRICULUM DEVELOPMENT DETAILS |
| Curriculum Developer |  |
| Learning & Teaching Endorsement *(Curriculum should be endorsed by School L&T Committee)* |
| *The Learning & Teaching Committee have assessed this application against the approval criteria and recommend it is endorsed by the Curriculum Committee.* |
| Name (Chair – School L&T Committee) |  |
| Signature (scanned) |  | Date: |  |

|  |
| --- |
| PROGRAM PROPONENT DETAILS |
| **Department** |  |
| **Program Co-ordinator** |  |
| **Contact phone number** |  |
| **Email** | @federation.edu.au |
| **Signature (scanned)** |  |

|  |
| --- |
| SCHOOL ENDORSEMENT  |
| School |  |
| Dean of School  |  |
| Signature (scanned) |  |
| Date of endorsement |  |

|  |
| --- |
| COMMITTEE APPROVAL CHECKLIST |
| Curriculum Committee | Date of endorsement |  |
| Academic Board | Date of approval |  |

|  |
| --- |
| APPROVAL PERIOD  |
| From  |  | To |  |

1. **DEMAND AND SUPPORT FOR THE PROGRAM**

|  |  |
| --- | --- |
| **1.1** | **How will this program meet an identified industry, enterprise or community need?** |
|  |
| **1.2** | **If this program has been specially developed for an industry, enterprise or community group attach a Letter of Support (*please scan letter as an appendix).*** |

1. **ENTRY REQUIREMENTS**

|  |  |
| --- | --- |
| **2.1** | **What are the entry requirements for this program?** |
|  |
| **2.2** | **What are the prerequisites for this program?** |
|  |
| **2.3** | **What is the target group for this program?** |
|  |
| **2.4** | **What are the proposed numbers for this program?** |
|  |

1. **PATHWAYS AND DUPLICATION OF ACCREDITED UNITS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.1 | **Is there a pathway to another internally approved program?** | Yes |  | No |  |
| If yes name the program: |
| 3.2 | **Does the title or outcome duplicate (partially or fully) that of an accredited unit or module?** | Yes |  | No |  |
| If yes list unit by title and code: |
| **Unit title:** | **Unit code** |
|  |  |
| **3.4** | Are there existing units/modules which could be customised or contextualised? | **Yes** |  | **No** |  |
| If you answered yes to any of the above explain why a new program should be developed instead of using, or customising, existing units: |
|  |

1. **PROGRAM OUTCOMES**

|  |  |
| --- | --- |
| 3.1 | As a result of this program the student will gain: |
| Skills |  | Knowledge |  | Information |  |
| **3.2** | What is the aim of this program? |
|  |
| **3.3** | Provide a brief outline of the program content (a list of elements will suffice). |
|  |

1. **PROGRAM STRUCTURE**

|  |  |  |
| --- | --- | --- |
| **Unit Code** | **Unit Title** | **Hours** |
|  |  |  |
|  |  |  |

1. **DELIVERY STRATEGY**

|  |  |
| --- | --- |
| **6.1** | **Where will this program be delivered? *(List campuses and/or locations)*** |
|  |
| **6.2** | What delivery modes will be used? *(On campus, workshop, online, flexible, workplace)* |
|  |
| **6.3** | **How will it be delivered? ( *eg. 3 hour sessions, weekend workshop)*** |
|  |
| **6.4** | **What experience is required by staff to deliver this program?** |
|  |
| **6.5** | What teaching qualifications are required to deliver this program? |
|  |
| **6.6** | **Does the teacher need a special license to deliver this program?** |
|  |
| **6.7** | **What learning resources will be provided to the student?** |
|  |
| **6.8** | **Does the student need to purchase any specific resources? (*Textbooks, learning resources, uniforms or equipment*)** |
|  |
| **6.9** | **What teaching facilities are required? *(eg. Workshop, general classroom, IT access)*** |
|  |
| **6.10** | Are there any special OHS requirements? |
|  |

1. **ASSESSMENT STRATEGY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7.1** | **This program is assessed:** | **Yes** |  | **No** |  |
| If no – go to Q8 |
| **7.2** | These programs are generally not assessed. Justify why this program requires assessment. |
|  |

1. **PROGRAM EVALUATION**

|  |  |
| --- | --- |
| **8.1** | **How will the program be monitored and evaluated? (*eg. Team meetings, evaluations)*** |
|  |
| **8.2** | **How will the above information be used to improve program delivery?** |
|  |

1. **PROGRAM CERTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9.1** | **Statement of attendance. (for programs with no assessment)** | **Yes** |  | **No** |  |
| **9.2** | **Statement of achievement. (for programs with assessment)** | **Yes** |  | **No** |  |

1. **LICENSING AND COPYRIGHT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **10.1** | **Copyright of this program is owned by the University of Ballarat?** | **Yes** |  | **No** |  |
| **10.2** | **Copyright of this program is owned by another organisation?** | **Yes** |  | **No** |  |
|  | If yes list organisation: |
| **10.3** | **This program could be licensed to other organisations?** | **Yes** |  | **No** |  |
| **10.4** | **Are there any proposed licensing arrangements for this program?**  | **Yes** |  | **No** |  |
| List the organisation/s and reasons why you will license this program to them? |  |  |  |  |

1. **APPENDICES**

|  |  |
| --- | --- |
| **Course code:** |  |
| **Program title:** |  |
| **Unit code:** |  |
| **Unit title:** |  |
| **Hours:** |  |
|  |
| DESCRIPTIONThis unit covers …………. |

### REQUIRED SKILLS AND KNOWLEDGE

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

### PERFORMANCE CRITERIA (based on above skills and knowledge)

|  |  |
| --- | --- |
| **Element** | **Performance Criteria** |
|  |  | 1.1 |  |
|  |  |  |  |
|  |  |  |  |

### ASSESSMENT STRATEGY

This unit will not be assessed

Or

# Assessment methods (How will students be assessed)

The student will be assessed using ………….

# Assessment conditions (Where and when)

Assessment will be conducted ………….

Grading category

Grading Category 2 – CY/CN