The completed Impact Statement will enable International Education to determine potential impacts on existing services and infrastructure as a result of the introduction of new Program and Qualification proposals by Federation TAFE. International Education is responsible for the support of any University partnerships, where students, either domestic or international, are enrolled in University programs/qualifications. 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 International Education 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 International Education. 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, International Education or nominee for endorsement via** **j.harman@federation.edu.au**
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 – International Education Impact:** *to be completed by the Department*

|  |
| --- |
| **Impact / Issues** |
|  |
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|  |
|  |

**International Education Approval:**

Based on the information provided above,

🞏 The program/qualification creates no new demands on International Education 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 of International Education resource needs and support for students enrolled in this program/qualification.

Additional comments:

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| --- |
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| --- | --- | --- |
| **Director, International Education; 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 International Education staff where necessary. I am satisfied that the Department has identified any potential impact on International Education services, and that strategies have been agreed to address any issues identified.

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