The completed Impact Statement will enable Student Connect to determine potential impact on existing services and infrastructure as a result of the introduction of new Program and Qualification proposals by Departments. Student Connect manages Student Support services 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 Student Connect 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 documentation must be provided to enable accurate assessment by Student Connect. 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, Student Connect or nominee for endorsement.**
5. **Return to Director Operations, Federation TAFE for final approval.**

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

|  |  |
| --- | --- |
| **Department:** |  |

|  |  |
| --- | --- |
| **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 |  |
|  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *\*If delivery is shown as SMB campus, but teaching location is other than SMB, please list teaching locations*  *1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Partner Provider’ or 'Other', please provide details, including partner name and location* | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Nature of Partner business agreement:** Does legal agreement with partner specify any information about who provides the support services? YES / NO (please circle one) | | | | | | |
| If YES, what are the arrangements? | | | | | | |
| If NO, please contact Director Student Connect to discuss | | | | | | |
|  | | | | | | |
| Proposed Delivery Mode/s: | | | | | | |
| (*Tick relevant boxes and provide details below*) | On Campus |  | Off Campus |  | Online |  |
|  |  | Workplace |  | Flexible\Blended |  |
|  | | | | | | |
| *e.g. The program will be delivered in a blended mode with some course modules delivered on campus and some delivered online.* | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

**Part 2 – Student Support Services Impact:** *to be completed by the Department*

|  |
| --- |
| **Impact / Issues** |
| Counselling |
| Welfare |
| Disability |
| Careers |

**Student Connect Approval:**

Based on the information provided above,

🞏 The program/qualification creates no new demands on Student Connect that cannot be met from within existing funding allocations. The program is supported.

🞏 Information provided indicates that the Department has NOT adequately investigated and addressed the provision of Student Support services for students enrolled in this program.

Additional comments:

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

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