The completed Impact Statement will enable Student HQ to determine potential impact on existing services and infrastructure as a result of the introduction of new Program and Qualification proposals by Federation TAFE. Changes to existing modes and Programs of study, and/or the introduction of new Programs/ Qualification must take into account the resources and available services within Student HQ 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 Student HQ. 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 Senior Manager, Student HQ 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 Manager, Student HQ 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 HQ Services Impact:** *to be completed by the School/Centre*

|  |
| --- |
| **Impact / Issues** |
| Timetabling of classes |
| Admissions & Enrolment |
| Student ID Cards |
| Assessment |
| Graduations |

**Student HQ Approval:**

Based on the information provided above,

🞏 The program/qualification creates no new demands on Student HQ 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 Student HQ support for the offering of this program/qualification.

|  |
| --- |
| Additional comments: |
|  |
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| --- | --- | --- |
| **Senior Manager, Student HQ; or Nominee *(Please sign)*** |  | **Date:**  \_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Part 3 – Overall Assessment and Approval:** *to be completed by Executive Dean of Faculty/Centre Director*

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

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