00103D

# Qualification Impact Statement

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## Part 1 – General

To be completed by the Department

|  |  |
| --- | --- |
| Faculty: | Click or tap here to enter text. |
| Program/Qualification Title: | Click or tap here to enter text. |
| Program/Qualification Code: | Click or tap here to enter text. |
| Proposed Start Date: | Click or tap here to enter text. |

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

|  |  |  |
| --- | --- | --- |
| Proposed Delivery Locations | [ ] Camp St Campus  | [ ] Berwick Campus  |
| (Tick as appropriate) | [ ] Horsham Campus  | [ ] Gippsland Campus |
|  | [ ] SMB Campus | [ ] Partner Provider  |
|  | [ ] Mt Helen Campus | [ ] Other |

*Partner Provider’ or 'Other', please provide details, including partner name and location*

Click or tap here to enter text.

### Proposed Delivery Mode/s:

|  |  |  |  |
| --- | --- | --- | --- |
| (*Tick relevant boxes and provide details below*) | On Campus [ ]  | Off Campus [ ]  | Online [ ]  |
|  | Workplace [ ]  | Flexible\Blended [ ]  |
| Click or tap here to enter text. |

## Part 2 - Impact statements of Service Areas

To be completed by the Department

### Facilities Services Impact

|  |  |
| --- | --- |
| Impact / Issues | Tick if Applicable |
| New subject/discipline (Please complete the Impact Checklist below) | [ ]  |
| An increase (greater than 20) in the number of students for an existing subjectPlease 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) | [ ]  |
| Program to be taught via Partner Provider (on or offshore) | [ ]  |

#### Impact Checklist:

|  |  |
| --- | --- |
| Impact / Issues | Tick if Applicable |
| heating/cooling (outside 8am – 5pm Mon – Fri) | [ ]  |
| Cleaning (outside 8am – 5pm Mon – Fri) | [ ]  |
| Security (outside 8am – 5pm Mon – Fri) | [ ]  |
| Lighting (outside 8am – 5pm Mon – Fri) | [ ]  |
| Extended access to Facilities Services facilities and staff required: |
| On weekends | [ ]  |
| In the evening | [ ]  |

#### Facilities Services Approval:

Based on the information provided above,

[ ]  The program/qualification creates no new demands on Facilities Services 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 Facilities Services assistance to meet the needs and support of students enrolled in this program/qualification.

Additional comments:

Click or tap here to enter text.

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

### Information Technology Services (ITS) Impact

To be completed by the Department

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| 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

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| 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:

Click or tap here to enter text.

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

### International Education Impact

To be completed by the Department

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| Click or tap here to enter text. | [ ]  |
| Click or tap here to enter text. | [ ]  |
| Click or tap here to enter text. | [ ]  |
| Click or tap here to enter text. | [ ]  |

#### 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:

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Director, International Education; or Nominee *(Please sign)*** |  | **Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_ |

### Library Services Impact

To be completed by the Department

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| 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* | [ ]  |
| Program to be taught via Partner Provider (on or offshore)***Part 3 – Partner Provider resources and library Facilities*** *and* ***Part 4 – Services/support needed from home library*** *must be completed for all Programs proposed for delivery via FedUni Partner Providers.* | [ ]  |

#### Impact Checklist:

| Impact / Issues | Tick if Applicable |
| --- | --- |
| Library Catalogue search identifies sufficient print and/or e-book resources to support subject/s/students. *Prescribed texts and recommended readings; material to support extended research in the subject area is available in the Library collection*If **No** please attach details of resources/titles requiredAre new print, video or other electronic resources required? | [ ]  |
| Relevant library databases have been identified*Core disciplinary indexing and abstracting databases; fulltext and e-journal databases are available.* If **No** please attach details of those required | [ ]  |
| Delivery of library materials or photocopies to students’ home or work address will be required | [ ]  |
| Off-campus information and support strategies have been identified*Staff teaching the Program/Qualification are familiar with appropriate Library support staff and contacts; support and information for students accessing and searching databases from home has been reviewed and will be adequate. Refer to information available at* <http://www.federation.edu.au/library/> If **No** please list additional information that you would like the Library to provide | [ ]  |
| Access to library resources outside Federation University collections will be required (CAVAL/ULA/Other) | [ ]  |
| Extended Library staff support required:* on weekends
* in the evening
* other times
 | [ ]  |

#### Partner Provider Resources and Library Facilities:

To be completed by the Department

Please provide details of existing library facilities, print and electronic collections **provided by the Partner Provider**, available to support students enrolled in the proposed Program/Qualification.

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Impact /Issue** | **Tick if Applicable** |
| Does the Partner Provider have an agreement in place with a local educational institution to provide alternate library access to students?  | [ ]  |

If yes please provide details.

Click or tap here to enter text.

What are the resources required locally, as per contractual arrangements, that are NOT currently available (e.g. provision of texts and essential references etc.)

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Impact /Issue** | **Tick if Applicable** |
| Do the students have access to computer facilities? | [ ]  |
| Do the students have Internet access? | [ ]  |
| Is there a study area available for students? | [ ]  |

Who will be the Partner Provider’s key liaison contact for library related issues?

Click or tap here to enter text.

#### Services/Support Required from Home Library

To be completed by the Department

| **Impact /Issue** | **Tick if Applicable** |
| --- | --- |
| Federation University Library policy is to provide access to a broad range of electronic full text journals and e-books to support off-campus study. A request and delivery service for access to FedUni print resources will be provided (on-shore Partner Provider programs/qualifications only).  | [ ]  |
| Will the students need access to Federation University Library e-reserve and electronic databases (subject to licence agreements)?  | [ ]  |
| Will the students need information literacy/library skills training support to ensure access to and effective use of electronic resources and databases? | [ ]  |
| Are staff available to provide this? (**offshore** Partner Provider programs/qualifications only) | [ ]  |
| Will academic staff teaching in Partner Provider programs/qualifications require access to and training in the use of electronic resources?  | [ ]  |
|  Are staff available to provide this? (**offshore** Partner Provider programs/qualifications only) | [ ]  |
| Will students studying at Postgraduate level in Partner Provider programs/qualifications require access via Document Delivery to journal articles and other materials NOT available from Federation University licensed electronic databases? | [ ]  |

Additional comments:

Click or tap here to enter text.

#### Library Services Approval:

Based on the information provided above,

[ ]  The program/qualification creates no new demands on Library services that cannot be met from within existing funding allocations. The program/qualification is supported.

[ ]  Information provided indicates that the Faculty/Centre has NOT adequately investigated and addressed the provision of Library resource needs and support for students enrolled in this program/qualification.

Additional comments:

Click or tap here to enter text.

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

### Student Support Services Impact:

To be completed by the Department

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| CounsellingClick or tap here to enter text. | [ ]  |
| WelfareClick or tap here to enter text. | [ ]  |
| DisabilityClick or tap here to enter text. | [ ]  |
| CareersClick or tap here to enter text. | [ ]  |

#### 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:

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Director, Student Connect; or Nominee *(Please sign)*** |  | **Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_ |

### Student HQ Services Impact:

To be completed by the School/Centre

| **Impact / Issues** | **Tick if Applicable** |
| --- | --- |
| Timetabling of classesClick or tap here to enter text. | [ ]  |
| Admissions & EnrolmentClick or tap here to enter text. | [ ]  |
| Student ID CardsClick or tap here to enter text. | [ ]  |
| AssessmentClick or tap here to enter text. | [ ]  |
| GraduationsClick or tap here to enter text. | [ ]  |

#### 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

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Coordinator, Student HQ; or Nominee *(Please sign)*** |  | **Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_ |

## Part 3 – Overall Assessment and Approval:

To be completed by Director, Skills and Education Delivery, 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.

|  |  |  |
| --- | --- | --- |
| **Deputy CE TAFE *(Please sign)*** |  | **Date:**\_\_\_\_/\_\_\_\_/\_\_\_\_ |