

**Form C**

**Request for Approval of a Memorandum of Understanding**

The Due Diligence Panel is responsible for recommending on behalf of the Senior Leadership Team, the approval of partners for the University to sign an initial Memorandum of Understanding (MOU) with.

This will not be approval of full partnership arrangements and any further arrangements should proceed through the full partner approval process.

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| **NAME OF PROPOSER:** |  |
| **SCHOOL/INSTITUTE:** |  |
| **DEPARTMENT:** |  |

**1. INFORMATION ABOUT THE PROPOSED PARTNER ORGANISATION(S)**

**1.1 Contact information**

|  |  |
| --- | --- |
| **Name & address of organisation** |  |
| **Main Contact:** |  |
| **Position:** |  |
| **Telephone:**  |  |
| **Email:** |  |

**1.2 Legal status of the proposed partner**

|  |  |
| --- | --- |
| **Name of organisation:** |  |
|  | **YES** | **NO** |
| **Higher Education Institution** | **☐** | **☐** |
| **Private Institution** | **☐** | **☐** |
| **Other Educational Institution** | **☐** | **☐** |
| **Third sector organisation (e.g. charity, voluntary group)** | **☐** | **☐** |
| **Registered Company** | **☐** | **☐** |
| **Government body or agency** | **☐** | **☐** |
| **Other (please enter details below)** |
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# 1.3 Degree Awarding Powers (if applicable):

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| --- | --- |
| **Name of HE provider:** |  |
|  | **YES** | **NO** |
| **Degree Awarding Powers** | **☐** | **☐** |
| **Undergraduate degrees** | **☐** | **☐** |
| **Postgraduate taught degrees** | **☐** | **☐** |
| **Postgraduate research degrees** | **☐** | **☐** |

**1.4 Information about a proposed partner(s) that does not deliver HE provision (if applicable)**

|  |  |
| --- | --- |
| **Name of organisation:** |  |
| **How long has the organisation been in operation?** |  |
| **Number of full-time staff:** |  |
| **Number of part-time staff:** |  |
| **Other UK partners from within the HE sector (please list all existing partners of the proposed organisation):** |  |
| **Other international partners from within the HE sector (please list all existing partners of the proposed organisation):** |  |

**1.5 Fit between the University of Liverpool and the partner(s)**

 *Please describe the fit with the University’s Strategic Plan.*

**1.6 Position and standing of proposed partner if applicable**

*Please indicate the position of the proposed partner institution in the league tables listed in the table below.*

|  |  |
| --- | --- |
| **Name of organisation:** |  |
| **League Table** | **Position** | **N/A** |
| The Complete University Guide League Table |  | **☐** |
| The Guardian University Guide League Table |  | **☐** |
| The Sunday Times University League Table |  | **☐** |
| Times Higher World University Rankings |  | **☐** |
| Other (specify) |  |  |

**1.7 Are there any existing links with the proposed partner?**

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**1.8 Partnerships with organisations in China**

**Proposed links with partners in China must first be considered by the XJTLU Joint Liaison Group. Please confirm that this proposal has been notified to the JLG and discussed with XJTLU.**

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| --- | --- |
| Yes |  |
| No |  |
| N/A |  |

**What were the outcomes of the discussions?**

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**2. PROPOSED ARRANGEMENT WITH THE PARTNER(S) FOR MOU PURPOSES**

**2.1 Type of arrangement under consideration**

 *Please describe the proposed arrangement:*

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**2.2 Are there any issues to be considered relating export control legislation for controlled technologies, and other legal requirements e.g. ATAS (Academic Technology Approval Scheme), Nagoya etc**

 Further Information can be found here

<https://www.liverpool.ac.uk/intranet/research-support-office/help/guides/trusted-research/>

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**2.3 Could the arrangement provide opportunities for student placements; further information can be found at** [**https://www.liverpool.ac.uk/careers/employers/meet-the-team/**](https://www.liverpool.ac.uk/careers/employers/meet-the-team/)

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**3. ENDORSEMENT OF THE PROPOSAL**

**For the Dean of School/Institute**

I confirm that I am satisfied with the content of this proposal.

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| --- | --- |
| **Name & Position:** |  |
| **Signed:** |  |
| **Date:** |  |

**For the Faculty EPVC/FSMT**

I confirm that I am satisfied with the content of this proposal.

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| --- | --- |
| **Name & Position:** |  |
| **Signed:** |  |
| **Date:** |  |