# Bath Spa University Logo. Blue with white background

# Change to Partnership Teaching Staff Template

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| The University and its educational partners agree that all staff teaching on University-approved programmes must receive prior approval from the University to teach the specific modules at the level and in the subject discipline that they deliver.Any requests for changes to teaching staff following Programme Approval should be completed on this template and follow the approved process. This template can be used to add or remove multiple members of staff to a single programme.  Please ensure that an up-to-date CV is appended to the form prior to submission for each member of staff.  The CV should contain information about Qualifications, Experience of Teaching (to include subject levels) and Evidence of Scholarly, Research and Professional Practice.Upon completion of the form it should, with the CV(s), be submitted by the Partner to AGQ (email partnershipteachingstaff@bathspa.ac.uk). Applications will not be accepted from individual staff members. |

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| Part 1: Institutional Details |
| Name of Partner |  |
| Name of Submitter |  |
| Job Title |  |
| Email address |  |
| Date of Submission |  |

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| Part 2: Programme Details and Proposed Amendments |
| Programme Title |  |
| Removal of Member(s) of Teaching Team |
| Please complete this section to remove members of staff from the teaching team |
| Name | Module Code | Module Title | Date of Change |
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| Addition of Member(s) of Teaching Team |
| Please complete this section to add members of staff from the teaching team |
| Name | Module Code | Module Title | Location(s) of Delivery | Date of Change |
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| Please complete this section for each member of staff added within Part 2 (Addition of Member(s) of Teaching Team). **NOTE: Please identify programme leaders with a \*** |
| Name | Email Address | Job Title | Contract Type and FTE |
| *John Smith\** | *Johnsmith@uni.ac.uk* | *Programme Leader* | *Permanent, (0.8)* |
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| Part 4: Application Approval (To be completed by BSU) |
| Date Application Received |  |
| Date Sent to Head of School |  |
| Head of School Recommendation and Comments |  |
| Date reported to SQMC |  |
| Date Institution informed of decision |  |