

Partnership Proposal Form

When complete, please submit this form to bei.gao@tudublin.ie

Partnership Information

Proposed partnership with:

Enter the name of the proposed partner

Country:

Enter the country of the institution

Weblink:

Enter the institution's website address

Proposed Level of Partnership:

School, Faculty, University

Ranking (if appropriate):

Enter the institution's global & regional rank (QS, THE, FT, Shanghai or alternative):

Partnership Initiator: Enter your name

The initiator will be responsible for the implementation of the partnership arrangement and for the annual review of the agreement.

Date: Click here to enter today's date

School/Unit: Add school/Unit names in here

Faculty: Faculty of Arts & Humanities

If your school is not listed or you would like to specify a section, please enter here:

Timescales:

Enter details of any time sensitivities

Partnership Proposal Tracking Code (For Partnership Team to fill):

Type of agreement: Please click on the hyperlink for definition or refer to the Academic Partnerships Matrix on the types of collaboration. Check all the boxes that apply for this proposal.

- Dual/Joint/Multiple Awards
- Articulation Programmes (Top-up Degree, Pathway Programmes, Study Abroad)
- Linked Provision
- Contract for Service
- Collaborative Provision
- Franchise
- Off Campus Delivery
- Student Exchange - UG, PGT, PGR
- Micro-Credentials
- Non-Credit Bearing Training Programme
- Bespoke Provision
- Summer Schools
- International Networks/Alliances

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Apprenticeship

Reasons for the partnership

Background information: (Maximum 250 words)

Briefly explain the background/ context to this partnership request, including any previous links, contacts and/or visits in or out.:

What are the expected outcomes of this partnership? Please list specific outcomes expected from this partnership. Please use bullets / numbers where possible.

Within 1 year:

Within 3 years:

Within 5 years:

Benefits of the partnership: Consider the benefits from an individual to school, faculty, university perspective. Please use bullets / numbers where possible.

Does the partnership support our [Teaching mission](#)/[Research mission](#)/[Engagement mission](#)/; provide [benefits to our students](#) or [benefits to staff](#)? Does the partnership provide [financial benefits](#)? Why is this a good partner for the proposed activity?

Strategic Fit: Please use bullets / numbers where possible.

- How does this partnership align with TU Dublin's Strategic Plan (People, Planet, and Partnership), If applicable, please state the ways in which the partnership supports the [KPIs](#)?

-How does the partnership contribute to TU Dublin being recognised internationally?

-How does this partnership fit with the strategic direction of your School / Faculty?

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Risk: Please use bullets / numbers where possible.

-Are there any negative implications (reputational, legal, financial, other) arising from this proposal?

-Are there any negative implications arising for other existing or future projects in the faculty or the university as a whole?

-Does the School/Faculty require additional resources to support the development of the partnership? If yes, please quantify and explain how these implications could be managed.

-IP implications of partnership, if applicable.

-Are there any specific operational risks?

Conflict of Interest: To the best of your knowledge does any member of University staff directly or indirectly involved in this partnership have any material personal interest in respect of the proposed partner? This may include for example being, or being related to, a Company Director, member of the governing body, shareholder or employee. To the best of your knowledge does any member of University staff directly or indirectly involved in this partnership potentially influenced by considerations other than the best interests of the organisation?

Head of School Support (to be completed before submission to Strategic Partnerships Team)

Name:

Head of School: To demonstrate your support of this proposed partnership, please include your signature in the box opposite or append an email.

Head of School/Unit signature(s):

Date:

Further comments:

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Faculty Dean Approval (to be completed before submission to Strategic Partnerships Team)

Name:

Faculty Dean signature(s):

Faculty Dean: To demonstrate your approval of this proposed partnership, please include your signature in the box opposite or append an email.

Date:

Further comments:

Vice President for Partnerships Review and Approval

Name:

Do you support this proposal? Choose an option

Reason for decision: Enter comments

VP Partnerships signature:

Date:

Further comments (including fit of proposed partnership):