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**Application for Programme Accreditation / Re-Accreditation**

**Please complete a separate application form for each independent programme**

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| **Full title of programme:****(e.g. PgC Musculoskeletal Ultrasound)** | **Academic Level:** |
|  |  |
| **Reason for application:** | [ ]  |
| Accreditation of new programme 1 | [ ]  |
| Re-accreditation of existing programme 1 | [ ]  |
| Minor change to existing programme 2 | [ ]  |
| Major change to existing programme 2 | [ ]  |
| 1 For new/re- accreditation requests, full documentation should follow the application no later than two months before the proposed event. It is the Course Leader’s responsibility to ensure the documentation is current and contemporary as poor-quality documentation may lead to a delay in accreditation.2 For minor and major changes, please attach module modification(s), programme specification and any other relevant documents to the application. Example of minor change: changes to timetabling, university calendar modifications, changes to university regulations, amalgamation of educational Schools or Faculties. Example of major change: the addition or removal of modules. |
| **Additional Information:** |
| Name of education provider: |  |
| Name of division / department / school: |  |
| Name of awarding body: |  |
| Name & workplace of current external examiner: |  |
| List any education providers your Institution cannot accept an accreditor from: |  |
| Proposed accreditation / re-accreditation date: |  |
| Proposed start date of Programme: \* |  |
| \* CASE Committee meeting dates can be found at: [Meeting Dates (case-uk.org)](http://www.case-uk.org/for-heis/case-meeting-dates/) |
| **Programme director / lead:** |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Representative in the university quality & standards office:** |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Pathways and / or awards currently accredited:**(If none, put N/A) |
|  |
| **Modules currently accredited:** (If none, put N/A) |
|  |
| **Pathways and / or awards requiring accreditation / re-accreditation:** |
|  |
| **Modules requiring accreditation / re-accreditation:** |
|  |
| **Please provide additional information that may be useful to CASE, including a description of any changes:** |
|  |
| **I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT** |
| Name of programme director / lead: |  | Date: |  |
| Signature of programme director / lead: |  |
| Please check this box to indicate that you agree to all the above personal contact details being shared with the CASE Committee and assigned Accreditors: | [ ]  |
| Please check this box to indicate that you agree to your email address being added to the CASE distribution list: | [ ]  |
| **Please Note the following:**The information in this form will be used by CASE to appoint appropriate accreditors with the necessary expertise to assist the Programme Team in the planning and scrutiny of the course.**CASE reserves the right to charge a fixed penalty fee in instances where the applicant's actions (or inaction) result in significant delay, cancellation, or failure to accredit courses, re-accredit courses or approve major changes. Further details can be found on the CASE website here:** [CASE - Penalty Fees (case-uk.org)](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.case-uk.org%2Ffor-heis%2Fapply-for-accreditation%2Fpenalty-fees%2F&data=05%7C01%7Csally%40ipem.ac.uk%7C5a8ef415f9f24db3216108da86b7aa8a%7Ccd3a931cc1f14f189476099952b1d081%7C0%7C0%7C637970420669907906%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=T2u7UPBt6IfUQbjpiwu6i22NQytQ%2BPBplvj7aFPgAkI%3D&reserved=0) The completed application form should be sent to the CASE Co-ordinator, Sally Hawking, by email to case@ipem.ac.uk |

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| **Office Use Only** |
| Date application received: |  |
| Lead accreditor assigned:  |  |
| Co-accreditor assigned:  |  |
| Shadow accreditor assigned: |  |
| Date of next CASE committee meeting: |  |
| APMR Information: |  |