### Attachments

Attach a completed [*New course submission*](https://sharepoint.admin.uq.edu.au/sites/ABC/programbulletin/Forms) form for each course covered by this agreement. Refer to [Course Design Policy](https://policies.uq.edu.au/document/view-current.php?id=139) .

## Participants

|  |  |
| --- | --- |
| **Program owner** | Choose relevant faculty |
| **Host academic unit** | Enter academic unit name |
| **Service teaching provider(s)** | Enter name of academic or research unit |
| **Provider institute** | Choose relevant institute |

## Course details

|  |
| --- |
| **List each course covered by the agreement, and which programs offer each course**  Attach a completed [New course submission](https://sharepoint.admin.uq.edu.au/sites/ABC/programbulletin/Forms) form for each course covered by this agreement. Refer to [Course Design Policy ]](https://policies.uq.edu.au/document/view-current.php?id=139). |
| Enter details |

## Responsibilities of host and provider units

|  |
| --- |
| **Who is responsible for the development of course material including contextualisation if required?**  If more than one unit, detail the responsibility of each. |
| Enter details |
| **Who is responsible for the delivery of the course?**  If more than one unit, provide details for each. |
| Enter details |

|  |  |  |
| --- | --- | --- |
| **Responsibility** | **Host** | **Service teaching provider** |
| **Delivery of course elements** | Enter details | Enter details |
| **Number of contact hours per week** | Enter details | Enter details |
| **Form of contact hours eg: lecture, laboratory, tutorials, non-contact** | Enter details | Enter details |
| **Delivery periods** | Enter details | Enter details |
| **Resources provision, including HR, any other resources** | Enter details | Enter details |

| **Detail the responsibility of the participating units and processes to ensure quality assurance of collaborative service teaching**  Refer to Collaborative Service Teaching [Policy](https://policies.uq.edu.au/document/view-current.php?id=138) and [Procedure](https://policies.uq.edu.au/document/view-current.php?id=196) |
| --- |
| Enter details |

## Percentage course equivalence and funding arrangements

|  |  |
| --- | --- |
| **Agreed split (%)** | Percentage course equivalence between host and provider |
| **Expected Percentage course equivalence per semester** | Enter expected percentage course equivalence per semester |
| **If Percentage course equivalence not used, outline alternative** |  |

## Agreed measure of success

| **Detail the measures of success as agreed between the participating host and provider**  Refer to Collaborative Service Teaching [Policy](https://policies.uq.edu.au/document/view-current.php?id=138) and [Procedure](https://policies.uq.edu.au/document/view-current.php?id=196) |
| --- |
| Enter details |

## Agreement term

|  |  |
| --- | --- |
| **Term of agreement** | Start and end date/term of agreement |

## Changes to agreement

| **Detail the agreed process for notification and implementation of changes to the agreement**  Refer to Collaborative Service Teaching [Policy](https://policies.uq.edu.au/document/view-current.php?id=138) and [Procedure](https://policies.uq.edu.au/document/view-current.php?id=196) |
| --- |
| Enter details |

## Consultation summary

| **Consultation summary**  For example: Board of Studies, Heads of Schools |
| --- |
| Enter details of consultation: who was consulted, what decisions were made and the justification. |

## Approval

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommending heads of unit / provider unit lead (if applicable)**  Please attach email confirmation if no signature provided | | | |
| Signature of head of unit | | Signature of provider unit lead (e.g. Director) | |
| **Host** | Enter name of head of unit | **Provider** | Enter name of provider unit lead |
| **Date** | Click to select date | **Date** | Click to select date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommending executive dean/provider unit lead**  Please attach email confirmation if no signature provided | | | |
| Signature of executive dean | | Signature of provider unit lead (e.g. Institute Director) | |
| **Host** | Enter name of executive dean | **Provider** | Enter name of provider unit lead |
| **Date** | Click to select date | **Date** | Click to select date |