|  |  |  |  |
| --- | --- | --- | --- |
| **Proposal for New CPD Module (ECTS) – CPD1** *for approval by School Curriculum and College Curriculum Committees* | | | |
|  | | | |
| This form is designed to capture considerations specific to ECTS CPD **Standalone Modules**. This should be completed for all new ECTS CPD Modules and submitted to the School/Department that the module will be anchored in.  CPD Modules are generally Level 8 and above however exceptions can be made in some instances. Contact the Centre for CPD for further information if you think your CPD proposal is lower than Level 8.  **Please refer to the** [**Handbook Governing Curriculum Approval**](https://www.ucc.ie/en/apar/curriculumapproval/handbook/) **and the** [**Policies and Guidelines Governing Academic Programmes**](https://www.ucc.ie/en/apar/curriculumapproval/handbook/) **for further guidance when completing this form.** | | | |
|
| Section 1: General Information | | |  |
|  | | | |
| **1** | Proposed Title of New CPD Module |  | |
| **2** | Proposed Module Code Ensure that module code is reflective of Level of module. E.g. Level 8 Module AA6XXX |  | |
| **3** | DMIS Module Descriptor Attached New modules must be uploaded to DMIS prior to being submitted for School review. Refer to the [DMIS Guidelines](https://www.ucc.ie/en/apar/dmis/bom/) for guidance on creating new modules |  | |
| **4** | Rationale Please specify the circumstances giving rise to the request for the proposed new CPD module. Detail any insight you have into the need for the proposed module. |  | |
| **5** | Justification for the Module How does the module align with the School’s strategy on CPD? What is the marketing strategy for the offering including competitor analysis? |  | |
| **6** | Target Audience(s) Include primary and secondary audience(s)(as appropriate). Primary audience is the main target audience and secondary (if present) could be any other profession/industry types who may have an interest. |  | |
| **7** | Entry Requirements\* Detail 1) Academic Requirements 2) Professional Requirements if any and 3) Technical requirements e.g. internet connection, IT requirements if based online etc. | \*where modules are part of an existing programme and are to be offered as CPD Modules, the applicant will be expected to meet the entry requirements of the programme~~.~~ | |
| **8** | Delivery Method Specify Venue and face-to-face/blended/online and justification for same |  | |
| **9** | Student Time Commitment (Hours)\* | Contact Hours\*: Self-directed learning hours (if applicable): | |
| **10** | Professional Accreditation What (if any) professional body or bodies recognise the offering for their CPD requirements? Include the name(s) of the professional body and CPD (or other) units/hours associated with the offering | School/Dept:  College:  Contact: | |
| **11** | Academic Year for Proposed CPD  Include semester in which module will be delivered |  | |
| **12** | Proposed Calendar Change  Open the page of the relevant calendar year on the [University Calendar](http://www.ucc.ie/calendar/postgraduate/CPD.html), and locate the relevant college section. Copy the ***entire*** college section from the published CPD page showing insertions in bold and deletions by  strike-through, indicating how the revised entry should read |  | |
| **13** | [Marks and Standards](https://www.ucc.ie/en/media/support/academicprogrammes/ProposalFormforChangestoMarksandStandards.docx) for the Proposed CPD Module Complete and Attached? |  | |
| **14** | Proposed Module Fee |  | |
| **15** | If module is interdisciplinary, please detail partnering School/Dept and College here | School/Dept:  College:  Contact: | |
| **16** | CPD Proposer (Academic) |  | |
| **17** | Anchor School/Department |  | |
| **18** | Anchor College |  | |
| Section 2: Facilities/Admin Detail | | | |
| **1** | Costs Detail Consider listing costs for: room hire, catering, external/visiting lecturer fees, travel costs, handouts |  | |
| **2** | Include total projected costs here -> |  | |
| **3** | Frequency of Offering Will the CPD offering be once-off/offered on request/ every semester/once in an academic year etc. |  | |
| **4** | Proposed Dates/Time Please include details on the proposed timings of the event. |  | |
| **5** | Facilities Used for Delivery Room bookings, online course development etc. |  | |

|  |  |  |
| --- | --- | --- |
| **SIGNATURES** | | |
| By signing this form, you are indicating that any necessary initial consultations have occurred and that the module has been reviewed and approved locally in the School. (Fully approved on DMIS) | | |
|
| Head of Anchor School/Dept (or Nominee) |  | Date: |
| (Print Name & Signature) |
| School/Dept CPD Contact |  | Date: |
| (Print Name & Signature) |
| Head of Anchor College (or Nominee) |  | Date: |