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**PROPOSED STUDENT EXCHANGE PARTNER SITE VISIT REPORT**

This proforma should be used to ensure that all relevant topics are covered during a site visit to a proposed partner. Please provide brief observations on each area. You will also be required to produce a short summary judgement of the quality of the proposed partner and a recommendation to the University with respect to their suitability as a partner institution.

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| 1. **GENERAL** | | |
| Name of Proposed Partner Institution/Organisation | |  |
| Country | |  |
| Nature of Proposed Partnership | |  |
| Date of visit | |  |
| Visit undertaken by  *Please provide names and roles of all University of Liverpool representatives* | |  |
| Personnel met during the visit and their roles | |  |
| 1. **FACILITIES** | | |
| **The University campus / University premises in general** | | |
| Description of the campus   * General description of the campus * Where is the campus located? * Campus location(s) and accessibility * Are all areas of campus accessible to all students (E.g.wheelchair ramps / lifts)?   What transport links are there? | | |
| **Teaching and Learning Facilities** | | |
| Comment on the suitability of the learning environment at the partner.  Consider size, condition of lecture/seminar/tutorial rooms//laboratories, etc  Are teaching facilities accessible for students with the following disabilities:  Mobility impairment YES/NO  Visual impairment YES/NO  Auditory impairment YES/NO | | |
| **Library Facilities** | | |
| Please comment on the opening and service hours, location and accessibility | | |
| **Computing Facilities** | | |
| Quantity and quality of hardware and software; opening hours; internet access; user training and support | | |
| **Accommodation** | | |
| Please describe the standard and availability of residential accommodation that will be available to University of Liverpool students.  Do the internal and external doors have an adequate locking system? Y/N  Is on-site security provided? Y/N  Is safe transportation provided to and from the University campus? Y/N  Does the surrounding area appear safe and secure? Y/N  If you have answered ‘N’ to any of the above questions, please give details.  Confirm whether the partner offers information and advice on finding accommodation in the private sector. If so, please provide details (type of accommodation, proximity to University and cost). | | |
| **Student Union/Equivalent Facilities** | | |
| Is there an equivalent to the Guild of Students? Y/N  If yes, describe the facilities and support available to students  If no, comment on any alternative provision available at the partner to mitigate against the lack of a Student Union (e.g. social spaces/catering facilities/ independent student-led societies) | | |
| **Sports Facilities** | | |
| Please comment on the partner’s sports facilities, provision and cost to UoL students: | | |
| **Health and Safety** | | |
| Do the University buildings appear safe and secure? Y/N  Does the surrounding area appear safe and secure? Y/N  Does the institution have local emergency protocols? (e.g. in case of fire) Y/N  Does the institution have an on-site security service? Y/N  Does the institution have a 24 hour emergency contact number? Y/N  If you have answered ‘N’ to any of the above questions, please give details.  Does the institution have a system for reporting and investigating accidents? Y/N  Will they undertake to let us know if they are informed of a **serious** accident to one of our students? Y/N  – If ‘Y’, who will actually do this?  Are there any other health and safety issues to consider for UoL students? Y/N (if Y, please give details) | | |
| 1. **STUDENT EXPERIENCE** | | |
| **Comment on the availability of support offered to University of Liverpool students at the partner.** | | |
| Describe the arrangements for orientation for exchange students. In particular, comment on information provided about Health and Safety.  Describe the ongoing pastoral support arrangements  Describe the system of Learning and Teaching support | | |
| **Student Health and Wellbeing** | | |
| Please comment on the partner’s facilities, provision and cost to UoL students in relation to the following:   * Student health service * Disability Support * Counselling and Mental Health | | |
| **Student Administration** | | |
| Comment on Arrangements for registration, module choice and changes, monitoring of student progress and dispatch of transcripts to UoL (confirm when and how transcripts will be provided). | | |
| 1. **ANY PARTICULAR CONCERNS** | | |
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| 1. **ANY OTHER COMMENTS** | | |
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| 1. **CONCLUSIONS OF THE VISIT (including a summary judgement on the quality of the partner and recommendations to the University)** | | |
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| **SIGNED** |  | |
| **DATE** |  | |