**DEVELOPMENT OF EXISTING PROVISION PROPOSAL (DEPP) FORM TO ALIGN WITH THE LIVERPOOL CURRICULUM FRAMEWORK**

Having completed the Liverpool Curriculum Framework Programme-level Self-evaluation Questionnaire (PSEQ) and the wider curriculum review activities that comprise the IPR and revalidation process you will need to completed this DEPP for each programme setting out any proposed amendments to the programmes/subject components and the rationale for them. This will assist the review panel in scrutinising the revised programme specifications as part of the revalidation of the taught provision.

If, whilst preparing for the IPR you have submitted or will be submitting revalidation proposals to UAP you do not need to complete this form but you should provide the Review Panel with the relevant DEPP forms and a copy of the UAP Report of Decisions on the revalidations.

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| **Proposed development and changes** | | |
| **Existing programme/subject component target award(s) and title(s):** | |  |
| **Has an Equality Impact Assessment screening been undertaken?**  *Guidance on this process can be found at:*  [**https://www.liverpool.ac.uk/intranet/hr/diversity-equality/equalityimpactassessment/eqiacurriculum/**](https://www.liverpool.ac.uk/intranet/hr/diversity-equality/equalityimpactassessment/eqiacurriculum/) | | |
| **Yes** | ***If yes, please explain the outcome:*** | |
|  | | |
| **No** | ***If no, please explain the reason why:*** | |
|  | | |
| **Has the programme been through the PSEQ activity to ascertain the current degree of alignment with the Liverpool Curriculum Framework hallmarks and attributes?** | | |
| **Yes** | ***If yes, please ensure that any planned changes to learning outcomes, the syllabus, learning activities and assessment activities as a result of this are included and detailed in the relevant boxes below.*** | |
| **No** | ***If no, please explain the reason why:*** | |
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| **Do the proposed amendments require approval by a PSRB? If YES please indicate how this will be achieved.** | | |
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| **Changes to the programme learning outcomes**  *Please enter details and rationale below.* | | |
|  | | |
| **Changes to the syllabus**  *Please enter details and rationale below.* | | |
|  | | |
| **Changes to the learning activities**  *Please enter details and rationale below.* | | |
|  | | |
| **Changes to the assessment activities**  *Please enter details and rationale below: include the modules affected (code and name) and the date of SSP approval of the module changes.* | | |
|  | | |
| **Addition or withdrawal of required or mandatory modules**  *Please enter details and rationale below.* | | |
|  | | |
| **Addition or withdrawal of optional modules**  *Please enter details and rationale below.* | | |
|  | | |
| **Programme structure changes**  *Please enter details and rationale below.* | | |
|  | | |
| **Inclusion of a year abroad or a year in industry/work placement**  *Please enter details and rationale below and indicate whether this year is assessed on a pass/fail basis.* | | |
|  | | |
| **Any other module developments required for the proposed changes**  *Please detail module developments that are not already covered e.g. new modules to be developed. The status of the modules as required, mandatory, optional or optional non-compensatory should be included.*  *If there are no such module developments, please enter ‘n/a’.* | | |
|  | | |
| **Any other proposed changes**  *Please enter details and rationale below. If there are no such proposals, please enter ‘n/a’.* | | |
|  | | |
| **Please explain the extent to which you have consulted or engaged with students in developing the proposed changes set out above.**  *Please provide details below.* | | |
|  | | |
| **Date(s) for proposed changes to come into effect**  *Please enter below.* | | |
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| **Cohort(s) affected by the changes**  *Please enter below.* | | |
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| **Have the proposals been endorsed by:** | | | |
| **Curriculum Board (CB)?** | | |  |
| **Yes** | | |  |
| **No** | | |  |
| **Date of CB** |  | | |
|  | | | |
| **School Scrutiny Panel (SSP)?** | | | |
| **Yes** | |  | |
| **No** | |  | |
| **Date of SSP** |  | | |