

# Programme Related Form (ELP)



Please note that Centres seeking endorsement of their programme must be an existing IBT Approved Centre. Please complete this form for each proposed programme.

Centre name	
Centre number	

## Proposed programme overview

Programme title	
Programme aim	
Where will this programme be delivered, geographically?	
Programme duration	
Indicative programme level	
Is this programme accredited by a regulatory authority, or validated by a validating body?	
If yes, please name	

## Programme content

Programme learning outcomes/ objectives

Programme structure (including units or modules that make up the programme)

Unit Ref.	Unit title	Level	Credit	ECTS	GLH	TQT

Unit Ref.	Unit title	Level	Credit	ECTS	GLH	TQT
<b>Total:</b>						

Please continue on a separate sheet as necessary. If programme syllabus / unit content is available, please include in your submission and provide a summary of the learning outcomes and structure only.

## Programme delivery and assessment

Method of delivery (e.g. classroom, work-based, e-learning, distance learning, blended)
Assessment method
Learning materials and resources used in delivery

**Please provide details of all staffs involved in delivery, assessment and quality assurance processes.**

Staff (1):

Name:	
Role within programme:	
Experience/qualifications:	

Staff (2):

Name:	
Role within programme:	
Experience/qualifications:	

Staff (3):

Name:	
Role within programme:	Please select
Experience/qualifications:	

Staff (4):

Name:	
Role within programme:	Please select
Experience/qualifications:	

## Programme review

Please detail how the programme is quality assured
Please detail how the programme is reviewed

\_\_\_\_\_  
Insert Signature

Date

Name

Job title

**Once completed please email to: [info@theibt.co.uk](mailto:info@theibt.co.uk)**