

*Application for Articulation Arrangement*

Higher Education and

Vocational Education and Training Providers

*Enabling seamless pathways for HE and VET graduates to Western Sydney University*

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| **Parameters of application:**  This application is for establishing articulation pathways for **Domestic students only**.  *International students will be eligible to receive the same credit transfer as Domestic students under any formalised articulation pathway delivered by approved Partners; however they will be required to apply for entry through the University’s* [*International Office*](http://www.westernsydney.edu.au/international) *for Admission and meet the academic and English Language requirements for International students.* | |
| **Compulsory Documents:**  *The following documents are compulsory requirements from institutions seeking a partnership with Western Sydney University. Applications will not progress if all compulsory documents are not included*. | |
|  | HE Providers: Current registration with TEQSA. |
|  | VET Providers: Current registration with ASQA. Please provide a copy of your most recent ASQA audit report. |
|  | Section 1 – Evidence of partnerships/affiliations in place with other entities |
|  | Section 2 - If your institution provides VET fee help and Study Loans *you must be able to provide* –   * VET FEE-Help Statement of Tuition Assurance * Policy for Administering census dates * Policy/policies for remission and refunds |
|  | Section 4 - Current TAS document for each VET course from which you are seeking a pathway |
|  | Section 4 - Current Assessment Framework for 1-2 units for each VET course from which you are seeking a pathway |
| **For providers seeking to renew an existing arrangement:** | |
|  | Copy of all promotional materials currently used to promote pathways to Western Sydney University |
| **Confirm that the RTO:** | |
|  | Has no outstanding/pending investigations |
|  | Is willing to host a site visit and/or participate in a partnership interview if requested |
|  | Is willing to provide supplementary information to this application if required |

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| Bottom of Form  **Completing this application:** | | | | | | | | | |
| All compulsory documents must be submitted as specified above.  There is the opportunity to include supplementary documents; however, please ***do not*** ***include training package documents*** in your application as the University can access these directly though [www.training.gov.au](http://www.training.gov.au) where required.  ***ALL questions must be answered, unless specified otherwise.***  If you have any questions or require further information on completing this application please email [academicpathways@westernsydney.edu.au](mailto:academicpathways@westernsydney.edu.au). | | | | | | | | | |
| **SECTION 1: Education Provider Details**  Please complete all questions in Section 1 | | | | | | | | | |
| RTO ID and Legal Name: | | Click here to enter text. | | | | | | | |
| Trading Name/s:  *If applicable* | | Click here to enter text. | | | | | | | |
| ABN: | | Click here to enter text. | | | | | | | |
| Do you deliver to International students? | | Yes  No | | | | | | | |
| CRICOS Code:  *If applicable* | | Click here to enter text. | | | | | | | |
| Head Office Address: | | Click here to enter text. | | | | | | | |
| Web URL: | | Click here to enter text. | | | | | | | |
| Key Contact Name: | | Click here to enter text. | | | | | | | |
| Key Contact Email: | | Click here to enter text. | | | | | | | |
| Key Contact Phone: | | Click here to enter text. | | | | | | | |
| **Q1.** Outline the main purpose of applying for this partnership, including:   1. How your institution’s mission and vision aligns with that of the University; and 2. The attributes that make your institution a viable partner for the University | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q2.** Provide details of your institution’s current organisational and governance structure/s including Academic/Standing Committees where applicable. | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q3.** If your institution is a third party provider OR if your institution engages third party providers, please provide details below. Please also list any additional third party partners, such as recruitment agents. | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q4.** Specify established partnerships/affiliations in place with other entities including Education, Industry, Workplace, or Community based institutions. Please provide evidence of these partnerships. | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q5.** Please provide a summary of the following details:   * Current course offerings * Student enrolments by course, location and delivery mode * Ratio of domestic to international students, including country of origin * Graduation rates by course | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q6.** Specify your institution’s policies and processes to ensure the integrity of:   1. Recruitment and admission of students, including waiving of English Language Requirements 2. Qualifications delivered 3. Anti-bribery/corruption 4. Equity and diversity | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Q7.** If your institution provides courses that require students to undertake a work placement, explain how these placements are coordinated. | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **SECTION 2: VET Student Loans** | | | | | | | | | |
| **Q1.** Does your institution offer any form of study loan (e.g.; VET Student Loans)? | | | | | | | | | |
|  | Yes – complete a) and b) below | | |  | | | No – Go to Section 3 | | |
| 1. Specify type of loan/s on offer | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| 1. Submit your  * Statement of Tuition Assurance * Policy for Administering census dates *(including frequency and communication to students)* * Policy/policies for Remission and refunds | | | | | | | | | |
| **SECTION 3: Quality and Standards** | | | | | | | | | |
| **Q1.** Provide a statement\* describing how your institution self-monitors the quality and standards of the following:   1. Teachers and trainers. Include staff recruitment procedures and ratio of permanent to casual staff 2. Facilities at your delivery sites 3. Student support mechanisms 4. Evaluation of overall course delivery 5. Recognition of Prior Learning   \**This statement should be in 12pt font and not exceed 2 single spaced A4 pages (include reference links to policies etc.)* | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **SECTION 4: Teaching and Assessment**  *Please complete the table below for qualifications (AQF Diploma and above) that you are seeking a formal pathway to the university.* | | | | | | | | | |
| **Course Code** | | | **Course Title** | | | **Delivery Mode/s & Location** | | | **Duration** |
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| Please provide the Teaching Assessment Strategy (TAS) for each course listed  Please provide the Assessment Framework used for 1 or 2 of the courses listed | | | | | | | | | |
| **Q1.** Does your institution engage in Industry consultation? | | | | | | | | | |
|  | Yes – please specify below | | | |  | | | No – Go to Q2. | |
| Click here to enter text. | | | | | | | | | |
| **Q2.** Does your institution perform validation of units of study? | | | | | | | | | |
|  | Yes – please provide an example | | | |  | | | No – Go to Section 5. | |
| Click here to enter text. | | | | | | | | | |
| **SECTION 5: Supplementary Documents** (*Optional)* | | | | | | | | | |
| Please specify if any supplementary documents submitted. | | | | | | | | | |
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