

**University of Newcastle –   
Domestic Third Party Arrangement Proposal**

*This proposal must be completed in accordance with the Third Party Arrangements - Education Policy and its associated Procedure.*

|  |  |
| --- | --- |
| Proposer Details | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| College / School | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposed Third Party Arrangement Details | | | | | |
| Working Title | Click or tap here to enter text. | | | | |
| Third Party Provider(s) Names | Click or tap here to enter text. | | | | |
| Proposed Programs to be Delivered | Click or tap here to enter text. | | | | |
| **Rationale** | | | | | |
| Identifiable benefit to the University | Click or tap here to enter text. | | | | |
| Alignment with current University strategic plan | Indigenous Commitment | Click or tap here to enter text. | | | N/A |
| Engagement Priorities | Click or tap here to enter text. | | | N/A |
| Life Ready Graduates | Click or tap here to enter text. | | | N/A |
| Asia Pacific Focus | Click or tap here to enter text. | | | N/A |
| Reimagining Our Campuses | Click or tap here to enter text. | | | N/A |
| Inspiring People | Click or tap here to enter text. | | | N/A |
| Problem to be solved / Opportunity pursued | Click or tap here to enter text. | | | | |
| Critical Success Factors | Click or tap here to enter text. | | | | |
| Proposed Start Date | Click or tap to enter a date. | | Proposed End Date / Duration |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Evaluation | | | | |
| **External Funding Source Details** | | | | |
| **Contributor’s Name** | | | **Amount to be Contributed** | **Details** |
| Click or tap here to enter text. | | | $ Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | $ Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | $ Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | | $ Click or tap here to enter text. | Click or tap here to enter text. |
| **Internal Funding Source Details** | | | | |
| **Type** | | **Amount (if applicable)** | | **Details** |
| Funding | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Debt | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Equity | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| In-Kind support | | N/A | | Click or tap here to enter text. |
| Assets | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Personnel | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Facilities | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Equipment | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| Other | | $ Click or tap here to enter text. | | Click or tap here to enter text. |
| **Financial Outcomes (for anticipated duration of activity)** | | | | |
| Income[[1]](#footnote-1) | | $Click or tap here to enter text. | | Click or tap here to enter text. |
| Expenses | | $Click or tap here to enter text. | | Click or tap here to enter text. |
| Net Profit | | $Click or tap here to enter text. | | Click or tap here to enter text. |
| Expected rate of return / return on investment | | | | Click or tap here to enter text. |
| Please provide details of advice provided from Financial Services: | | | | |
| Click or tap here to enter text. | | | | |
| **Required Attachments to be Supplied** | | | | |
|  | Cash flow projections for first 3 years. | | | |
|  | Profit and loss projections for first 12 months and the duration of activity. | | | |
|  | Asset management plan (where applicable). | | | |
|  | Procurement plan (where applicable). | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal & Compliance | | | | |
| Will the Third Party Arrangement require ongoing external accreditation or registration? | | | Choose an item. | |
| If yes, please provide details: | | | Click or tap here to enter text. | |
| **Details of Third Party** | | | | |
| Trading Name | | Click or tap here to enter text. | ABN / ACN | Click or tap here to enter text. |
| Country of Incorporation | | Click or tap here to enter text. | | |
| Is the 3rd party currently operating, under TEQSA requirements, as a higher education provider in Australia? | | | | Choose an item. |
| Please provide a summary of the Third Party’s operations, including other third-party arrangements: | | | | |
| Click or tap here to enter text. | | | | |
| *Please provide commentary on the following due diligence areas:* | | | | |
| Financial performance of the Third Party (please review at least the last 3 annual reports): | | | | |
| Click or tap here to enter text. | | | | |
| Third Party’s Probity Track Record: | | | | |
| Click or tap here to enter text. | | | | |
| Third Party’s Market Reputation (including current rankings): | | | | |
| Click or tap here to enter text. | | | | |
| Third Party staff capability and capacity: | | | | |
| Click or tap here to enter text. | | | | |
| Please provide details of advice provided from Legal & Compliance Unit regarding the proposed Third Party Arrangement: | | | | |
| Click or tap here to enter text. | | | | |
| **Required Attachments to be Supplied** | | | | |
|  | Compliance Management Plan | | | |
|  | Third Party Confirmation / assurance of appropriate governance and legal arrangements. | | | |
|  | Evidence of third party staffing skills to support delivery of programs. | | | |
|  | Evidence of third party’s accreditation, as required. | | | |
|  | Contract / Agreement (draft or otherwise) | | | |

|  |  |  |
| --- | --- | --- |
| Risk and Impact Assessment | | |
| What is the overall risk rating from Risk Assessment ? | | Choose an item. |
| Does the overall risk rating of the activity fall within the University’s risk appetite? | | Choose an item. |
| Is the activity insurable? | | Choose an item. |
| Please provide details of advice provided from the Risk Team in relation to insurance, risk assessment, and risk management. | | |
| Click or tap here to enter text. | | |
| **Required Attachments to be Supplied** | | |
|  | Insurance certificate of currency / confirmation of insurance | |
|  | Risk Assessment and Risk Management Plan | |

|  |
| --- |
| Market Analysis |
| Please provide a summary of the current and emerging market, including details of competitors: |
| Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Governance | | | |
| **Key Internal Stakeholders** | | |  |
| **Name / University Role** | | **Details of Relationship to this Activity** | **Conflict of Interest Declaration Received** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| **Key Third Party Stakeholders** | | |  |
| **Name** | | **Details of Relationship to this Activity** | **Fit and Proper Person Review Completed** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Choose an item. |
| Are any stakeholders non-Australian citizens or entities? | | | Choose an item. |
| If yes, has the Transparency & Disclosures Policy AND the International Sanctions Compliance Procedure been complied with? | | | Choose an item. |
| **Required Attachments to be Supplied** | | | |
|  | Conflict of Interest declarations for internal stakeholders | | |
|  | Due Diligence on external stakeholders (fit and proper person review) | | |

|  |  |
| --- | --- |
| **Appendix List** | |
| **Number** | **Title (Trim Reference)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Report Details | | | |
| **Completed By:** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |
| **Endorsed By:** | Click or tap here to enter text. (College PVC) | **Date** | Click or tap to enter a date. |

1. Please provide forecast admission numbers used to inform projected income. [↑](#footnote-ref-1)