**ACA41- FACULTY OF HEALTH SCIENCES**

**SHORT COURSE APPROVAL FORM**

**Notes:**

* This form is for use by the Faculty of Health Sciences only, to apply for a short course or CPD course to be offered in this Faculty. (The [ACA31](http://forms.uct.ac.za/aca031.docx) form should be used by all other faculties requiring faculty and Senate approval for a new short course.)
* Please complete the form by entering the relevant information into the form fields:
  + **Section A** must be completed by applicant in relevant Department, signed by the HOD and submitted to the Faculty’s Continuing Education Unit (CEU) as a scanned, emailed copy.
  + **Section B** will be completed by the CEU in consultation with the Faculty Office and thereafter sent to the Office of the Deputy Registrar (ODR) for uploading on PeopleSoft. Once this is complete the ODR will send the information to the Fees Office.
* Send completed, signed and scanned form electronically to [ce.administration@uct.ac.za](mailto:ce.administration@uct.ac.za) (Tel 021 650 5246).

## SECTION A: COURSE INFORMATION (to be completed by Department)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Please tick appropriate block** | Is this a Continuing Professional Development (CPD) course? | **Yes** | **NNo** |
| 1. **If yes, indicate number of CPD points to be assigned** |  | | |

|  |  |
| --- | --- |
| **3. Full course title**  (max. 65 characters, including spaces) (please print) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.1 Target audience** (Please describe the target audience and potential participants) |  | | | |
| 4.2 List the entry requirements for the course | |  | | |
| 4.3 Is this an ‘open’ or ‘closed’ course?  (Open: Anyone who meets the entrance requirements may be admitted into the course) (Closed: Open only to specific groups who have specially requested the course) | | | **Open** | **Closed** |
| 4.4 List the entry requirements for the course (Restricted / Unrestricted) | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.1 Total contact hours of the course** |  | **5.2 Total online hours of the course** |  |

|  |  |
| --- | --- |
| **6. Rationale**  (Justification for course. Include evidence of likely demand and/or outside support.) |  |

|  |  |  |
| --- | --- | --- |
| 7.1 Indicate the department in which the course content falls |  | |
| 7.2 Indicate the discipline within which the course content falls. |  | |
| **7.3 Does the content of this course fall outside of the disciplinary field/s of the department in which the convener is appointed?** | **Yes** | **No** |

|  |  |
| --- | --- |
| 8.1 NQF level |  |
| 8.2 If course is below NQF Level 5 provide motivation why UCT should be offering such a course. |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9. Components required for course** | **Lecture** | **Tutorial** | **Seminar** | **Online** | **Workshop** | **Module** | **Practical** |
|  |  |  |  |  |  |  |
| **Other**  (please specify) |  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10.1 Will the course be formally assessed? | | | | **Yes** | **No** | |
| 10.2 If yes, what form will this assessment take? |  | | | | | |
| 10.3 If yes, how many NQF credits does this course carry? (Optional) |  | | | | | |
| 10.4 Will the assessment regimen be subject to moderation? | | | | **Yes** | **No** | |
| **10.5 If yes, please describe the moderation process?** |  | | | | | |
| **10.6 How will the result for this course be recorded?** | **PA**  (pass according to assessment criteria) | **ATT**  (attended 80% or more OR failed assessment) | **PRT** (**online or blended courses** where there are no assessments or where individual failed assessment but participated) | | | |
|  |  |  | | | |
| **10.7 Is there an attendance requirement of more than 80%?** | | | **Yes** | | | **No** |

|  |  |
| --- | --- |
| **11. Exit level learning outcomes** | **Specific learning outcomes** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **12.1 Budget and sustainability**  (In addition to the details below, please complete and submit enclosed budget template with this application) | |
| **12.2 Proposed venue** |  |
| **12.3 Proposed fee/s to be charged** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13 Presenter/s of course** |  | | | |
| **13.1 Is the course being presented by a UCT academic, scientific or technical staff member?** | | | **Yes** | **No** |
| **13.2 If NO, please elaborate**  Note: Presenters who are not UCT academic, scientific or technical staff but are offering a course under UCT auspices must be appointed as visiting lecturers as per HR guidelines – please contact the HR section of the Dean’s Office. | |  | | |

|  |  |  |
| --- | --- | --- |
| **13.3 Name/s of UCT academic, scientific or technical staff who will oversee quality assurance, content control and / or management of student progress and assessment, if an external presenter presents the course (**Indicate N/A if not relevant) | **Name and rank** | **Department** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **14. Attachments CHECKLIST** | **TICK relevant box below** | | |
| **Yes** | **No** | **N/A** |
| 1. **Completed Excel budget form is enclosed (approved by Senior finance Officer in Department)** |  |  |  |
| 1. **Course outline attached** |  |  |  |
| 1. **If course is in partnership with an external party:** Draft contract attached stating roles and obligations of UCT and external party |  |  |  |
| **(d) If course is offered at the request and according to the requirements of an external party:** letter attached detailing the external party’s requirements |  |  |  |
| 1. **If course is a CPD course, CPD accreditation application is enclosed** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **15. Recommendations/approval** | **Comments** | **Signature** | **Date** |
| **Head of Department** (in which convener is appointed) |  |  |  |
| **Head of department** (in which course subject area falls; only necessary if the course’s content is the purview of a department other than the one in which the convener is appointed) |  |  |  |
| **Dean/Dean’s nominee** |  |  |  |

**SECTION B: ADMINISTRATIVE INFORMATION   
(to be completed by Faculty’s Continuing Education Unit in consultation with Faculty Office of Health Sciences)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Faculty** | Health Sciences | | | |
| **Department** |  | | | |
| Subject area/organisational code |  | | | |
| Career | **PDEV** | | **EMST** | |
| **First year offered** |  | | | |
| Session | **Session 1  (SS1)** | **Session 2 (SS2)** | | **Full year** |
| **Course code** (obtain from Faculty Office x 6327) |  | **PeopleSoft course ID**  (entered by ODR) | |  |
| **Short title** (Max. 30 characters, incl spaces) |  | | | |
| **Long title** (Max. 65 characters, incl spaces) |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| NQF credits (optional) |  | **12. NQF level** (optional) |  |
| CPD points (where relevant) |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Components required for course** (as indicated in Section A) | **Lecture** | **Tutorial** | **Seminar** | **Online** | **Workshop** | **Module** | **Practical** |
|  |  |  |  |  |  |  |
| **Other**  (please specify) |  | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COURSE FEE DATA** | | | | | | |
| **Criteria for each fee** (tick) | **Full (R)** |  | **Reduced (R)** |  | **Year** |  |
| **If reduced, give reason** |  | | | | | |
| **Course revenue** | **Fund** |  | **Cost Centre** |  | **RIO** |  |
| **Course component for fees** (eg lecture) |  | | | | | |
| **Title for fee account** (21 characters incl spaces) |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **TRACKING** | **SIGNATURE** | **DATE** |
| **Faculty-based office** (send to ODR) |  |  |
| **Office of Deputy Registrar** |  |  |
| **Fees Office** |  |  |
| **Finance** |  |  |