

1. CONTACT DETAILS

BOTSWANA OPEN UNIVERSITY

Doc.#: OPI/FRM/01

Revision No: 00

Effective Date: 04/11/2021

COLLABORATION REQUEST FORM

Name of Organisation: Primary Contact Person: (This must be the officer who will be responsible for leading the proposal and to whom communication shall be directed.) Full Name: Job Title/Position: Physical Address: Postal Address: Telephone: E-mail: Fax: Website: **Secondary contact Person:** Full Name: Contact Details: Job Title/Position:

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Declaration of interest: Kindly declare any interest that you or other employees may have in Botswana Open University. I (Full Name) declare that either myself or my family have /do not have vested interest in any of the proposals/projects under consideration. If so, please state nature of interest: Signature: Date: _____ 2. ORGANISATIONAL PROFILE a) Economic sector: Type of Organisation (e.g. University; University College; Donor, Non-Governmental Organisation etc.): Registered Business Name (Please provide copy of Certificate of Incorporation (Referenced Appendix A Ownership and Legal Structure – (Please provide share certificates, referenced Appendix B): _____ Is the organisation citizen owned, part citizen and foreign, wholly foreign owned or multinational corporation:

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b) Description of Organisation. This must include information about its mandate
or mission vis- à- vis, its, legal standing, educational remit, achievements as an
organization, its relationship with any other body relevant for the purpose of this
application such as franchise or affiliation arrangements. Please use no more
than 1,000 words for this.
than 1,000 words for this.
c) Service offering: Outline the main programmes//services your organisation
offers:

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d)	Experience in developing the required solution/projects programs/project/services relevant to this application, that you have decory your length of experience of their delivery.	
е)	Accreditation and Compliance: Please provide details of any accre have with any regulatory authority.	ditation you
f)	Envisaged Catchment Area/ market: Describe, briefly the market year.	ou will draw

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g) If this application is for non-educational purposes, please attach a brief business plan of how you envisage the proposed collaboration. This should be referenced *Appendix C*.

3. INSURANCE

Please confirm that your institution has in force public liability insurance in respect of itself, its staff, visitors and students with regard to any actions, claims or demands which might be brought or made by reason of any act or omission.

be brought of made by reason o	i arry act or on	11551011.		
"I confirm that the organization h	as in force su	ch appropria	te insurance.	"
	Yes 🗌	No 🗌		
4. EXTERNALLY MANAGED IN	IDICATORS (F INSTITUT	TIONAL QUA	ALITY
Is your Organisation ISO certified	d? E.g. ISO 90	000 Certified	Yes 🗌	No 🗌
If Yes provide a copy, or a refer Referenced Appendix D.	ence to any s	uch publishe	ed document	that reflects this.
5. EQUAL OPPORTUNITIES				
Please attach, as an appendix, an appendix, and it is important that this statement that students have equality of acceptant orientation, age etc. Reference	nt shows clea	rly your organg	anization's po	olicy on ensuring
6. SAFETY, HEALTH AND ENV	/IRONMENT			
Does your institution have a Hea	alth and Safety	Policy?	Yes 🗌	No 🗌

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7. SENIOR MANAGEMENT APPROVAL

Please state the name and position of the person within senior management who has endorsed this application, where the person specified in answer to Section 1 does not serve at this level.

Name	Position:	
8.	DECLARATION	
a)	My Organisation will co-operate fully with the Botswana Open University.	
b)	To the best of my knowledge and belief, the details given on this form are correct and meet the criteria required by BOU.	
c)	The person named in Section 1 above (Coordinator) is to act as the contact for this application.	
d)	It is to be understood that this is not a binding document on BOU, but rather a proposal and therefore BOU has the right to decline without giving any explanation.	
Signe	d: Date:	
Name	:	
Positio	on:	

(Company/Organisational Stamp)

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