

PARTNERSHIP REQUEST FORM

Completed forms to be sent to partnerships@cput.ac.za

The Cape Peninsula University of Technology (CPUT) is looking to develop partnerships with institutions and organizations with a focus on the levels of Teaching and Learning, Research and Innovation, and Community Engagement collaborations. This is in direct alignment with the Cape Peninsula University of Technology's Strategic Partnerships, and Smart Internationalisation Strategy and speaks to the Universities' six focus areas and incorporation of 4IR, 5IR the SDGs and the cyclical economy.

This form must be completed if you:

- Are from an institution or research organisation and want to establish, or renew a formal partnership with CPUT;
- Have a proposal you wish to submit to CPUT regarding a possible future relationship;
- Are an independent individual or organisation, wishing to collaborate with CPUT or any of its officials or departments; or
- Are a member of CPUT who wants to establish, or further, a partnership with a researcher or institution, particularly where it has implication for university resources.

All partnership requests will be assessed by the STRATEGIC INTERNATIONALISATION REVIEW COMMITTEE (SIRC) that meets quarterly.

Complete the sections below and e-mail the form as an attachment to partnerships@cput.ac.za

PARTNER INSTITUTION NAME:		
Date of Request:		
INDICATE:		
<input type="checkbox"/> INTERNAL (Initiated by CPUT)	<input type="checkbox"/> EXTERNAL (Initiated by Partner)	
<input type="checkbox"/> NEW PARTNERSHIP	<input type="checkbox"/> RENEWAL	
If this is a renewal, describe the existing partnership + attach a copy of the signed agreement:		
Level of Agreement: <input type="checkbox"/> Institutional <input type="checkbox"/> Faculty <input type="checkbox"/> Departmental		
Faculty/Department:		
Academic Contact:		Tel:
Email:		
Second Contact:		Tel:
E-mail:		
Name and Title of MOU Signatory:		

CPUT FACULTY:

DEPARTMENT:

Position:	
Office administering MOU:	
Administrative Contact:	
Email:	Tel:
Physical Address:	
<p>DESCRIBE THE BACKGROUND, SCOPE AND NATURE OF THE PROPOSED AGREEMENT AND SPECIFY ACTIVITIES THAT WILL BE COVERED BY THE AGREEMENT. <i>(Attach a copy of draft Agreement, Cooperation and/or Exchange Agreement from partner institution and any other documentation in support of the proposed agreement, as necessary)</i></p>	
<p>INDICATE THE OUTPUTS YOU ARE INTERESTED IN PURSUING, IF KNOWN AT THIS POINT:</p>	
<input type="checkbox"/> Research Collaboration <input type="checkbox"/> Student Mobility <input type="checkbox"/> Short Term Programmes	<input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Collaboration <input type="checkbox"/> Staff Mobility <input type="checkbox"/> Other
<p>CPUT's CAPACITY AND STRENGTHS ARE DEVELOPED AROUND SIX KEY FOCUS AREAS. INDICATE WHICH OF THE FOCUS AREAS YOU WOULD LIKE TO ENGAGE IN. Please refer to the RTI blueprint: http://www.cput.ac.za/research-technology-and-innovation/research-focus-areas</p>	
<input type="checkbox"/> Bio-economy and Biotechnology <input type="checkbox"/> Space Science, Engineering and Technology <input type="checkbox"/> Smart Energy <input type="checkbox"/> The Environment, Climate Change and Sustainability <input type="checkbox"/> Human, Health & Social Dynamics <input type="checkbox"/> The Digital Society	
<p>SELECT WHICH FACULTIES YOU WOULD LIKE TO COLLABORATE WITH.</p>	
<input type="checkbox"/> Applied Sciences <input type="checkbox"/> Business and Management Sciences <input type="checkbox"/> Education <input type="checkbox"/> Engineering and the Built Environment <input type="checkbox"/> Health and Wellness Sciences <input type="checkbox"/> Informatics and Design	

CPUT FACULTY:

DEPARTMENT:

AREA OF SPECIALISATION *(as related to the area of the circular economy + the 17 sustainable development goals set by the United Nations and the 4IR, in the World Competitiveness Report).*

STRATEGIC VALUE of PROPOSED AGREEMENT:

SHORT TERM:

LONG TERM:

STIPULATE ANY FINANCIAL IMPLICATIONS RELATED TO THE PROPOSED AGREEMENT
(refer to guidelines)

OVERVIEW OF PARTNER INSTITUTION/ORGANIZATION

DURATION OF CONTRACT

1.1 Commencement Date

1.2. Termination Date

1.3. Option to Renew

PROPOSED OUTCOMES

2.1. Monetary

2.2. Non-Monetary

CPUT FACULTY:

DEPARTMENT:

CPUT OFFICIAL USE ONLY

CPUT CONTRACT OWNER: _____
(PRINT NAME)

SIGNATURE:

DATE:

APPROVED

1. DEAN OF FACULTY: _____ (Full Name)

SIGNATURE: _____

DATE:

2. HOD: _____ (Full Name)

SIGNATURE:

DATE:

SIRC COMMITTEE COMMENTS

SIRC CHAIR SIGNATURE:

DATE: