**TO BE COMPLETED BY MODULE/PROGRAMME LEAD:**

|  |
| --- |
| Module/Programme Name  |
|  |
| Who it is for  |
|  |
| What the module/programme is about |
|  |
| Module/Programme content |
|  |
| Teaching method: How students will be taught & assessed |
|  |

**TO BE COMPLETED BY SERVICE USERS & CARERS**:

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| --- |
| Your comments on the overall content |
|  |
| Do you feel anything else should be included?  |
|  |
| Would you be interested in being involved in the development & delivery of the module/programme? |
| Yes/No |
| If yes, please add your name and preferred method of contact: |
|  |