

POLICIES & PROCEDURES HANDBOOK 2025-2026



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VISION AND MISSION STATEMENTS

Our Vision...

Our vision is to be recognized as a premier higher education institution that offers approved international educational opportunities to students worldwide. To create an environment that fosters excellence in education and prepares students for success in a globalized world.

Our Mission...

Our mission is to provide affordable and approved international educational programmes for the students. To make education accessible, convenient, and transformative, empowering students to achieve their academic and professional goals.

UGMACERAK POLICY ON CULTURAL CONSIDERATIONS

This policy outlines the cultural considerations that govern the behavior, interactions, and responsibilities of all staff and students. It ensures compliance with local laws, promotes respect for cultural values, and fosters an inclusive and culturally aware academic environment.

University of Greater Manchester, Academic Centre - Ras Al Khaimah (UGMACERAK) acknowledges the significance of cultivating a diverse and inclusive academic environment that embraces cultural differences and encourages mutual respect among students, faculty, staff, and the wider community. This Cultural Consideration Policy reaffirms our dedication to fostering cultural awareness, understanding, and sensitivity across all aspects of university life, aligning with UAE national guidelines and regulatory frameworks.

1. The policy aims to:

- Create an inclusive learning environment where individuals from diverse cultural backgrounds feel welcomed, respected, and valued, while honoring the UAE culture.
- Integrate cultural perspectives into the curriculum, and increase awareness and understanding of UAE culture among students, staff, and the broader school community.
- Foster respectful communication and interaction among students, staff, and parents/guardians, emphasizing the importance of respecting cultural differences, individual identities, and perspectives.
- Prevent discrimination and intolerance through proactive measures such as diversity training and clear guidelines for addressing instances of discrimination or harassment.
- Ensure members of the community understand, respect, and adhere to the requirements of all legislation regarding cultural sensitivity in the UAE.

2. Key Considerations:

- **Respect and Inclusion:** We strive to create an inclusive environment where all cultural backgrounds are respected, valued, and included. We encourage open-mindedness, empathy, and understanding among students and staff.
- **Awareness and Education:** We promote cultural awareness and understanding through educational initiatives, diversity training, and resources that highlight

different cultures, traditions, and perspectives.

- Language and Communication: We encourage the use of inclusive language and respectful communication that avoids stereotypes, derogatory remarks, or cultural insensitivity.
- Accommodating Cultural Practices: We recognize and accommodate cultural practices, rituals, and observances to the extent possible while ensuring the smooth functioning of the school.
- Conflict Resolution: We provide a fair and equitable process for addressing conflicts related to cultural differences, fostering dialogue and understanding among all parties involved.
- Reporting and Support: We have mechanisms in place for reporting incidents of cultural insensitivity, discrimination, or harassment, and we ensure that appropriate support is provided to those who have experienced such incidents.

3. Significance of Cultural Sensitivity:

Cultural sensitivity is essential for several reasons.

- Promoting Inclusion: Cultural sensitivity fosters an inclusive environment where everyone feels valued, respected, and empowered to contribute their unique perspectives and talents.
- Enhancing Collaboration: By embracing cultural differences, we encourage collaboration and teamwork, harnessing the collective strengths and experiences of diverse individuals.
- Developing Cultural Competence: Cultural sensitivity helps develop cultural competence, enabling individuals to interact effectively with people from various backgrounds and navigate cultural nuances.
- Fostering a Positive Learning Environment: Cultural sensitivity creates a safe and welcoming learning environment, promoting academic success, well-being, and social-emotional development for all students.
- Diversity, Equity, and Inclusion: The Cultural Sensitivity Policy aligns with the principles of diversity, equity, and inclusion. It acknowledges the value of diversity in our school community, promotes equitable treatment and opportunities for all, and strives to create an inclusive environment where everyone feels a sense of belonging and respect.

4. Adherence to UAE Legislation

- Ensure that all members including staff and students understand, respect, and comply with the requirements outlined in this policy and relevant UAE legislation. This includes adherence to national and cultural guidelines.
- Ensure and adhere to Article 44, Constitution of the UAE (Residents must respect

the constitution, laws, public authority directives, public order, and public morals)

- Ensure and adhere to Article 416, Federal Decree Law No. (31) of 2021 Promulgating the Crimes and Penalties and Amendments: (Penalties are imposed for the production, possession, or dissemination of materials that violate public morals)

5.Roles and Responsibilities

We recognize that all members of the community have specific roles and responsibilities in achieving the aims of the policy and must ensure the following:

- Adhere to UAE Laws and Values: Ensure all behaviours, practices, and displays align with the UAE’s laws, cultural norms, values, and traditions.
- Respect Cultural Norms: Avoid promoting inappropriate stereotypes, assumptions, or preconceptions about the UAE and its region.
- Prohibit Inappropriate Behaviours: Avoid engaging in or promoting drug and alcohol use, smoking, violence, indoctrination, or practices inconsistent with UAE cultural values.
- Use Appropriate Use of Symbols and Imagery: Refrain from using symbols, colours, or imagery that conflict with UAE cultural norms, such as extremist ideas, disrespectful representations, or inappropriate content.
- Prevention of Discrimination and Extremism: Prevent activities, content, or discussions that promote extremism, racism, bullying, or any form of discrimination.
- Prohibit Protests and Demonstrations: Do not organize or participate in rallies, protests, or demonstrations on UGMACERAK premises or during UGMACERAK related events.

Review history

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| <i>Last Updated:</i> | <i>November 2025</i> |
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HEALTH & SAFETY POLICY FOR STUDENTS, STAFF & VISITORS (AY25-26)

1. Introduction

The University of Greater Manchester, Academic Centre - Ras Al Khaimah (UGMACERAK) is committed to providing a safe and healthy environment for all students, staff, and visitors. This policy outlines our commitment to health and safety and provides guidelines for ensuring a safe campus. This policy applies to all individuals within the university premises and extends to activities conducted off-campus under university jurisdiction.

2. Policy Statement

UGMACERAK recognizes its responsibility to:

- Comply with all relevant health and safety regulations in the UAE.
- Provide a safe learning and working environment for students and staff.
- Identify and mitigate potential hazards to prevent accidents and injuries.
- Promote a culture of safety awareness and responsibility.
- Ensure the availability of necessary resources for health and safety compliance.
- Conduct ongoing safety assessments to maintain high safety standards.
- Provide adequate emergency preparedness measures.

3. Responsibilities

3.1 Management Responsibilities

- Ensure implementation of health and safety policies and procedures.
- Conduct regular risk assessments and safety inspections.
- Provide necessary safety training and resources.
- Respond promptly to health and safety concerns.
- Establish an emergency response plan and designate safety officers.
- Maintain compliance with all local and international health and safety standards.

3.2 Staff Responsibilities

- Follow health and safety guidelines and procedures.
- Report hazards, accidents, or unsafe conditions to management.
- Participate in safety training programs.
- Promote a safe environment for students and colleagues.
- Supervise students to ensure adherence to safety measures.
- Assist in emergency situations and drills.



3.3 Student Responsibilities

- Adhere to health and safety rules while on campus.
- Report any safety concerns to university staff.
- Use university facilities and equipment responsibly.
- Participate in emergency drills and safety briefings.
- Maintain awareness of safety procedures and emergency contacts.
- Avoid behaviors that could compromise safety.

4. Risk Assessment & Hazard Management

- Regular assessments of classrooms, labs, offices, and common areas.
- Implementation of appropriate measures to control and minimize risks.
- Availability of fire extinguishers, first aid kits, and emergency exits.
- Proper maintenance of electrical equipment and infrastructure.
- Prevention strategies for slips, trips, and falls.
- Monitoring of hazardous substances and ensuring safe handling procedures.

5. Fire Safety & Emergency Procedures

- Clearly marked fire exits and evacuation routes.
- Regular fire drills and emergency response training.
- Designated emergency assembly points.
- Trained fire marshals and first aid responders.
- Installation and maintenance of fire detection and suppression systems.
- Communication protocols for emergencies, including alarm systems.

6. First Aid & Medical Assistance

- Availability of first aid kits at designated locations.
- Trained first aid personnel on-site.
- Clear procedures for medical emergencies.
- Coordination with local emergency services for serious incidents.
- Establishment of a medical room or designated first aid station.
- Awareness programs on health risks and first aid measures.

7. Infectious Disease Control

- Adherence to government health guidelines.
- Provision of hand sanitizers and hygiene facilities.
- Encouragement of face masks and social distancing when necessary.
- Isolation protocols for suspected cases.
- Enhanced cleaning and disinfection procedures.
- Monitoring and responding to emerging health threats.

8. Reporting & Monitoring

- A reporting system for health and safety incidents.
- Regular audits to ensure compliance with health and safety standards.

- Continuous improvement through feedback and policy updates.
- A confidential system for reporting safety violations and concerns.
- Annual safety performance reviews and risk analysis.

9. **Enforcement & Disciplinary Actions**

- Non-compliance with health and safety policies may result in disciplinary actions.
- Staff and students must cooperate with safety inspections and investigations.
- Serious violations may lead to suspension or termination.
- Implementation of corrective actions to address safety infractions.
- Consequences for repeated or deliberate safety breaches.

10. **Review & Updates**

- This policy will be reviewed annually and updated as necessary to ensure its effectiveness and compliance with regulatory requirements.
- Feedback from staff, students, and safety professionals will be incorporated.
- Changes in health and safety regulations will be promptly reflected.

For further information or to report a safety concern, please contact the Health & Safety Officer at UGMACERAK.

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WIDENING PARTICIPATION POLICY 2018-2026 (VERSION 4.0)

1 University of Greater Manchester, Academic Centre- Ras Al Khaimah Vision

- 1.1 The University acknowledges the educational benefits that flow from a diverse student body and recognizes the need to increase and widen participation in higher education so that the most able students from any background are able to access and enjoy the best possible student experience within our institution in order to succeed in graduate employment.
- 1.2 The University also believes that it is part of our social responsibility to support community groups and raise aspirations and improve attainment among potential students in order to sustain professional life.

2 Context

- 2.1 UGMACERAK has long been proactive in widening participation since 2008.
- 2.2 This strategy recognizes the need to provide a coherent framework for widening participation and outreach activity at all levels and across all academic areas and central professional services of the University.

3 Aims

- 3.1 **To support the University strategy 2018-26 and its imperatives:**
 - Quality - in particular to attract high caliber students from any background that are able to access and enjoy the best possible student experience at UGMACERAK
 - International Impact - in particular to further internationalize our curriculum and student experience for all students, regardless of their background
 - Collegiality - in particular a commitment to supporting all our students equally
 - Professionalism - in particular ensuring that all policies and procedures are transparent, fair and ethical and address the Widening Participation and outreach agenda
 - Sustainability - in particular to raise entry standards and increase application numbers in line with the widening participation and outreach strategy.
- 3.2 **To implement the five key priorities for widening participation and outreach:**
 - On-campus taster activities aimed at aspiration and attainment raising as well as offering information, advice and guidance.
 - Recruiting international students from diverse geographies with the focus being on having international students constitute at least 50% of the

overall student numbers. International Students would in turn bring in diversity & help create a diverse learning & teaching environment.

- Tutoring and mentoring schemes with local schools and feeder colleges.
- Off-campus presentations in schools and universities aimed at raising aspirations and attainment, as well as offering information, advice and guidance.
- Targeted compact scheme designed to recruit students to the University from under- represented groups.

3.3 **To create a common framework for recording and reporting on current widening participation and outreach activity across the six key themes of:**

- Widening participation & outreach activity and initiatives including the targeting of particular student cohorts
- Partnership and engagement including schools, universities, employers and the wider community
- Access including the use of contextual data and flexible admission schemes
- Learning and teaching including changes to assessment strategies and the use of student-centered learning
- Employability including promotion of the professional training year and progression to employment
- Targets, evaluation and impact including the use of data to assess recruitment, retention and employability strategies

4 Implementing the widening participation and outreach strategy

- 4.1 The University will ensure that resources, both financial and material, are maximized in order to support widening participation and outreach activity and that effective use of these resources is made.
- 4.2 The University will keep under constant review the financial support & Scholarships that it makes available to students.
- 4.3 The University will ensure that the faculties and relevant central professional services develop their own strategies and policies to implement and manage the priorities identified above whilst reflecting their own particular focus and expertise.
- 4.4 Relevant central professional services will, as appropriate, adopt a targeted approach to their activities in order to ensure that limited resources are used effectively.
- 4.5 Relevant central professional services will adopt an evidence-based approach to evaluating the outcomes and impacts of their strategies and policies whilst recognizing that not every activity need be evaluated in equal depth.
- 4.6 The University's Planning Department will provide information & data to the Senior Management team to assist in monitoring key widening participation

performance indicators and progress towards the achievement of strategic objectives..

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MEDIA & MARKETING APPROVAL GUIDELINES (AY25-26)

1. Approval Requirement

- All marketing materials (printed, digital, social media, website, signboards) must be approved by RAKDOK before publication.
- Exceptions: Student/faculty achievements, staff recruitment, and government-issued announcements.

2. Submission Process

- Provide the proposed advertisement/media content.
- If using student photos, submit a written consent form stating approval duration.
- Attach any supporting documents.

3. Content Guidelines

- Avoid unverified superlative claims like "best" or "world-class" without credible third-party validation.
- Ensure compliance with UAE laws on consumer protection, education, and advertising.
- Use culturally appropriate images and content that respect UAE traditions.
- Photos of campus/classrooms must be from the UGMACERAK campus, not other branches.
- Obtain written consent for any images featuring individuals.
- Ensure proper spelling, grammar, and accuracy in all materials.
- Clearly state all fees and costs associated with programmes.
- Market only the academic programmes approved by RAKDOK.
- Use the UGMACERAK's official logo and colors consistent with the home campus.

4. Location & Branding

- Clearly indicate that the branch is in Ras Al Khaimah with an address, landline, and Google Maps location.
- Ensure the Academic Centre is represented as the only authorized physical study location in the UAE.
- Follow intellectual property rights and adhere to branding guidelines.

5. Ethical & Legal Compliance

- No discrimination in advertisements based on race, gender, religion, nationality, or disability.
- Do not use the RAKDOK name/logo without written permission.
- Do not solicit funds (grants, donations, bonds) for advertising without prior approval from RAKDOK.

6. Amendments & Penalties

- Any modifications to approved materials require re-approval.
- Unauthorized publishing may result in fines or violations.

This ensures all media and marketing efforts align with RAK DOK's standards while maintaining regulatory compliance. For details, please refer to the RAKDOK's **"IBC Marketing and Collateral Approval Guidelines"** Policy.

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TEACHING AND LEARNING POLICY AY2025-26

Purpose

The enhancement of learning and teaching is central to the vision, mission, culture, activities, practices and future development of the University. The purpose of this policy is to:

1. Articulate the University's commitment to creating effective and meaningful learning opportunities and experiences through the development of high quality, relevant and current courses and services that are aligned with the University's strategic directions.
2. Encourage the University community to reflect on contemporary learning and teaching practices in a global society to better meet the diverse needs of the broad range of learners now and in the future.
3. Provide a clear framework for making coordinated decisions in relation to the enhancement of learning and teaching activities across the University.
4. Maintain detailed records of the academic misconduct investigation process.
5. Ensure that all teaching and learning materials are aligned with UAE cultural values.
6. Reject materials that promote inappropriate topics such as substance abuse, violence, or any form of discrimination.
7. Follow the updated Ministry of Higher Education and Scientific Research (MOHESR) list of banned publishers and banned resources.
8. Materials must align with UAE culture, values, and age-appropriateness, avoiding topics like:
 - o Substance abuse or violence.
 - o Inappropriate representations of gender identity or sexual orientation.
 - o Politically or religiously sensitive content outside of formal curriculum.

Scope

This policy applies to the University's learning and teaching activities. The policy is a key reference document for each School and for Third Party Providers involved in education and training provision to students of the University.

Definitions

Course: A programme of study/research leading to the granting of an official award or qualification of the University.

Learning & Teaching: A flexible approach to education and training that supports the adoption of a range of learning, teaching and assessment strategies in a variety of learning environments to cater for differences in learning styles, learning interests, needs and variations in learning opportunities and/or circumstances. The underpinning principle of this definition is that the focus is on the learner.

Policy Statement

This policy describes the principles and practices that underpin effective learning, teaching and assessment at the University. These principles incorporate both learning processes and learning outcomes and are framed around providing better access for individuals, communities and businesses to lifelong learning that suits their circumstances, ways of learning, respects cultural differences and allows them to succeed in an innovative, global community. The critical component of the University's Learning and Teaching Policy is that the adoption of any of these principles and practices be based on the particular needs of learners and on the learning outcomes relevant to the course/program as published by the awarding body.

The principles and practices to which the University is committed in the provision of education and training include a focus on:

Student Engagement in Learning

To be achieved through the design, development, implementation and evaluation of active and cooperative learning, teaching and assessment approaches which:

- Are intellectually challenging, stimulate curiosity and develop critical awareness.
- To ensure that courses prepare students for their chosen occupation and/or path in life.
- Meet the diverse needs of students from different backgrounds and with different life experiences.
- Respect, recognise and build on students' current knowledge and experience and provide appropriate opportunities for the formal recognition of prior learning.
- Recognise individual learning needs and extend the student's range of learning styles and approaches to learning.
- Recognise that learning and teaching are social activities that involve a network of personal, practical and social relationships.
- Provide a variety of meaningful strategies and contexts to enable students to construct and apply new knowledge and skills.
- Encourage and enable students to learn and practice the generic skills and attributes which underpin the characteristics of every graduate within the context of a particular discipline, field of practice and/or industry setting.

- Create opportunities for regular feedback about learning progress which acknowledges individual learning achievements.
- Encourage students to critically reflect on their learning experiences and relate these understandings to theoretical models and explanations, relevant fields of practice and/or workplace/vocational contexts.
- Encourage and enable students to take responsibility for their own learning.

Creation of Supportive Learning Communities

To be achieved through the development, implementation and evaluation of:

- Inclusive learning environments and learning partnerships that create a sense of support and belonging by recognising and valuing the diverse abilities, contributions, experiences, backgrounds and efforts through interaction of students and all staff. Such environments may be face-to-face and/or mediated by appropriate information and communication technologies and will be characterised by reasonable adjustments to enable full student participation.
- Responsive, flexible courses and programs that increase the level of student centredness, control and access through a range of delivery options including online learning.
- Systems, materials and services that are designed to support the learning and teaching activities of the University.

Enhancement and Recognition of Teaching

To be achieved through:

- Recognition of excellence in teaching.
- Support for innovative and inclusive learning and teaching practices.
- Supportive and sustained professional/educational development that is meaningful, applicable and cooperative.
- Critical inquiry and research into aspects of tertiary teaching, education and vocational training which link teaching practice with research.

Course and Program Design

Through course and program development, implementation and evaluation to ensure that:

- Courses and units are customised and/or contextualised appropriately to meet the prescribed standard of the awarding body and of the needs of the communities and industries we serve.

- Holistic and meaningful learning is encouraged through integration of student learning experiences within/across modules, units and courses where applicable.
- Generic skills and discipline/vocation specific graduate capabilities are integrated within and across units and courses.
- Learning activities and assessment are clearly aligned with stated learning outcomes and assessment criteria as published by the awarding body.
- Assessment procedures and practices are valid, fair, flexible, feasible and incorporate clearly defined assessment criteria as published by the awarding body.
- Assessment procedures and practices protect the integrity of assessment.
- The use of information and communication technologies is driven by decisions that relate to the science and art of teaching and are in turn designed to enable students to become independent lifelong learners.
- Students have access to seamless educational pathways and support networks that encourage and support lifelong learning.
- Tutors to Conduct additional screening to ensure resources used and content presented to students are culturally appropriate.
- Prepare and vet all online resources in advance of all lessons to ensure they are free of any culturally inconsiderate content, including (but not limited to) images, texts, color schemes, and terminologies referencing any of the topics covered in this policy.
- Avoid indoctrination when discussing political or cultural matters in class.
- Immediately report any content discovered in resources that may violate this policy to Middle/Senior Leaders and the Principal.
- Ensure adherence to this policy, including data confidentiality requirements when posting university information on public forums, such as social media channels.

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STAFF DEVELOPMENT POLICY AY2025-26

Preamble

This paper sets out UGMACERAK's policy in respect of learning, teaching and development of its staff. The fundamental aim of the policy is to ensure that the staff of UGMACERAK involved in the delivery and assessment of programmes has the requisite competence and capability to do so.

The institution is fully committed to ensuring that academic staff undertake appropriate training and staff development to better ensure that they can meet the academic, professional, and quality requirements of the institution. UGMACERAK recognises the importance of 'currency' in relation to the courses and subjects taught and the policy is geared primarily to ensuring that academic staff have opportunities to keep abreast of developments in their respective disciplines, to strengthening their skills base and their proficiency in relation to the new technologies.

Academic competence to teach is evaluated at the recruitment stage but ensuring currency both in the relevant subject discipline and more general pedagogy is deemed to be the responsibility of the individual academic facilitated by the institution.

Purpose

Ensure that staff understand their role in achieving the vision and the strategic objectives of the organisation. Enhance the capability, motivation and morale of all staff and aligning their development needs across the organisation.

Induction

All staff commence their employment with UGMACERAK by undertaking a comprehensive induction process and programme orientation. This process includes the expectations of the role in more detail, specific procedures and documentation associated with the Awarding Institution(s) they are assigned to. All staff are expected and will be asked to familiarise themselves with the Health and Safety Policy, Programme Handbook and Centre Handbooks to ensure they are aware of the overarching policies.

Academic staff are given instruction on the expectations of the Awarding Institution including, writing assessment briefs, lecture preparation, personal tutoring, and quality standards.

As part of the interview process Academic staff are likely to have demonstrated their teaching skills, however if this was not the case, a peer observation will be arranged within the first 3 months. Each new member of staff is allocated a mentor who will coordinate their induction - in most cases this mentor will be the line manager or an appropriate senior member of staff. As a condition of employment, Academic staff must be qualified in their subject area to at least the area they are teaching and preferably one level above (e.g it is compulsory to have a Bachelor's degree to teach HE4-HE6 but preferred to have a master's degree).

Professional Development

Academic staff are required to assume a responsibility for their own personal development and for keeping up to date with developments in their subject areas.

UGMACERAK is committed to and will provide appropriate opportunities for the professional development of staff; encourages ownership and responsibility for professional development with the individual staff member and emphasises its significance and value. UGMACERAK will endeavour to secure preferential rates for professional courses for its staff and commit to (as far as is practical) reducing workload to complete the necessary studies and research. It is expected that the staff member commits a significant part of their personal time to such studies making all reasonable attempts to pass the course.

UGMACERAK will make available to all staff the opportunity to undertake a PGCE, gain FHEA status, register with Orcid and where appropriate undertake a PhD. Academic staff will only avail of the discounted rate whilst employed by UGMACERAK as their substantive post.

Due to financial constraints and the needs of the programme, UGMACERAK will not finance programmes of study that are not required or beneficial to the role in which the relevant staff are employed. This stated, UGMACERAK may offer support in kind for example, use of the facilities or time off for study. Should a staff member purposely withdraw from the course or fails without seeking advice or support, UGMACERAK reserves the right to reclaim the costs from the staff member. Similarly, if the staff member should leave their position with UGMACERAK during their studies, funding by UGMACERAK will cease.

Subject Updating/Improvement

All staff are strongly encouraged to attend internal staff training offered by UGMACERAK or by Awarding Institutions - indeed in the case of full-time employees such attendance is usually compulsory. Such training will be offered free of charge to all staff, permanent and adjunct, part-time and adjunct staff will usually be paid for attending such training at

their normal rate - this will be confirmed on an as and when basis by the Director of Administration.

All staff are encouraged to attend seminars and conferences to keep themselves updated in their subject specialism, where financially viable, UGMACERAK will bear the cost of this training. Approval must be sought in advance from the Director of Administration for payment of fees and attendance.

Research

The UGMACERAK does not have a formal contractual requirement for academic staff to be actively engaged in research. However, while not a contractual requirement academic staff are encouraged to engage in research that will strengthen their subject expertise understanding and which is consistent with the organisation's strategic teaching and learning objectives.

UGMACERAK will consider part funding higher degree research by full-time staff where such research is deemed to be in the interests of the organisation and its strategic teaching needs regard being had, inter alia, to the length of service of the staff member in question.

Record Keeping

All records of training and proof of qualifications will be kept as part of the administration files.

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SCOPE OF THE CODE OF PRACTICE AND EXEMPTIONS FROM FURTHER ETHICS APPROVAL IN RESPECT OF RESEARCH & TEACHING INVOLVING HUMAN PARTICIPANTS, DATA OR MATERIAL OR OF A SOCIALLY/POLITICALLY SENSITIVE NATURE

Scope

- **The ethics arrangements for research and teaching:**

All research and teaching arrangements must be subject to appropriate levels of scrutiny to ensure that no violations of ethical principles occur where human participants, material or data are involved or the study/activity is potentially of a socially/politically sensitive nature. Anything that has the potential to affect the reputation of the university must undergo ethical clearance at the UREC level.

For proposals which are principally research in nature even if part of a taught programme (including research activities as part of taught programmes e.g. undergraduate final year projects or projects within masters' projects) the assessment will be made in the context of research ethics. For proposals which are essentially teaching arrangements where established procedures, demonstrations or modelling are involved, the focus will be on the ethical compliance of the arrangement as a recurrent teaching practice rather than each specific instance of its delivery.

Normally, the default for research proposals from undergraduate and taught postgraduate programmes is that they are subject to scrutiny by the Departmental Ethics committee (DREC) or its nominated officer unless there is a specific reason they should not be, while for teaching arrangements that do not include human participants, material or data the default is that they are not subject to the Departmental Ethics Committee unless there is a specific reason why they should be.

- **Instances of teaching activities which should be referred to UREC include but are not limited to:**

Teaching activities which deal with inter alia human tissue, blood samples, bodily fluids or DNA (both to ensure compliance with relevant University licences and to consider whether the activity is appropriate within context)

Teaching activities involving private data of individuals (both to ensure compliance with relevant GDPR and other data protection legislation and to consider whether the activity is appropriate within context)

Teaching activities that may have the potential to be socially or politically sensitive in nature or that have to potential to highlight illegal or harmful activities.

Teaching activities which raise ethical issues in relation to the safety of students, staff or others, should be scrutinised under the University's Health & Safety policies and risk assessment arrangements. In the event that such activities are deemed to be safe they may still be subject to review by UREC for any residual ethical issues.

- **Referral of teaching activities will normally be from the following sources:**
 - The academic or technical member of staff planning to carry out the activity
 - A programme approval panel and relevant officer in relation to a new or reviewed programme of study
 - The line manager of a member of staff developing or planning a teaching activity
 - The Head of the relevant School
 - The Dean of the relevant Faculty
 - A member of the Executive Board.

- **Staff and postgraduate researchers:**

All research or teaching activity that is carried out on University of Greater Manchester premises and/or by University of Greater Manchester staff, postgraduate research students or visiting researchers and that involves human participants, human material or data, requires ethics approval. All such research or teaching activities must be submitted for ethics approval via the EFIT online system in accordance with current policy and procedures. This will result in an ethical clearance certificate being issued that defines the scope of the ethical clearance for the project. The EFIT system may require an RE2(U) to be completed for further consideration by UREC

- **Undergraduate and taught postgraduate students:**

All such students must complete an RE1 form (research ethics checklist) and conform to the University's Code of Practice for Ethical Standards in Research involving Human Participants as the first stage in seeking ethical clearance. Where the only involvement of human participants in particular research activities will be in one or more of the following categories, the research will normally be EXEMPT from FURTHER ethics approval, unless approval is specifically required by an external funding body or other external body in order to obtain research permission.

In accordance with the following criteria, Department Heads or their Research Ethics Officer have final judgement as to whether a particular activity should be exempt from the requirement for further ethics approval (via an RE2(D) or RE2(U)). But note that the exemptions below (apart from exemption (a)) do not apply to research involving vulnerable participants (e.g. mental patients, prisoners, foetuses, and pregnant women). Note also that exemption (b) does not apply to research on children except when the investigator(s) do not participate in the activities being observed.

Exemption from further approval DOES NOT IMPLY that the research is also exempt from the University's Data Protection Policy.

The following types of human participant research DO NOT normally require further ethics approval:

- a. Research involving the collection or study of EXISTING data, documents or records that are publicly available or where the information is recorded by the investigator in such a manner that participants cannot be identified, directly or indirectly or through identifiers linked to the participants. This exemption is only applicable to data derived from non-NHS sources.
- b. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior UNLESS the instruments contain material of a sensitive nature (e.g. sexual, financial, or other personal content), OR UNLESS information obtained is recorded in such a manner that human participants can be identified AND any disclosure of the human participants' responses outside the research could reasonably place the participants at risk of: physical or psychological danger or intrusion into their personal lives or affairs; criminal or civil liability; damage to participants' financial standing, employability, or reputation.
- c. Taste and food quality evaluation and consumer acceptance studies, if wholesome foods without additives are consumed, OR if a food is consumed that contains a food ingredient at or below the level and for use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe by the appropriate government regulators.

Notes:

If University of Greater Manchester staff and/or University of Greater Manchester students under the supervision of University of Greater Manchester staff are involved as co-researchers in a project led by a principal researcher from another institution and ethics approval has been granted by that other institution, it is **NOT** necessary to obtain additional ethics approval from the University of Greater Manchester.

The University is **NOT** ultimately responsible for considering the ethics of research which falls under the remit of Department of Health approved ethics committees who abide by governance arrangements for NHS research ethics committees. Such research committees may, however, require that any such research proposals made to them have first been approved by the University's Research Ethics Committee.

If the research involves:

- The use of patients and users of the NHS,
- individuals identified as potential research participants because of their status as relatives or carers or patients and users of the NHS,
- Access to data, organs or other bodily material of past and present NHS patients,
- Access to or use of pathological specimens, or diagnostic samples from human subjects which are archived on NHS premises,
- The recently dead in NHS premises, foetal material and IVF involving NHS patients, the use of, or potential access to, NHS premises and facilities,
- NHS staff recruited as research participants by virtue of their professional role, then the ethics of such human research MUST be referred to the appropriate Department of Health approved ethics committee. Also note that research involving human materials and remains will be within the scope of the Human Tissue Authority and checks need to be made with the local Designated Officer to ensure that the research is compliant with any licence held by the University. Further details and information on how to apply is available from the Central Office for Regional Ethics Committees

(<https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/research-ethics-committee-review/>)

Review history

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UGMACERAK STUDENT PROTECTION PLAN AY2025-26

University of Greater Manchester, Academic Centre- Ras Al Khaimah are committed to providing students with security when enrolling for their programme of study. As such there are contingency plans in place for the closure of a programme or the delivery centre. University programmes delivered under franchise also fall under the expectations of the CMA and governing Consumer Rights Act.

Limitations and Scope

There is a Disaster Management Plan for major incidences (as declared by the Government) and this forms a separate document to this protection plan.

Financial

University of Greater Manchester, Academic Centre- Ras Al Khaimah has been operating since 2008 and has annual audited financial accounts demonstrating the financial state of the University. The risk of University of Greater Manchester, Academic Centre- Ras Al Khaimah closing due to financial reasons is low. The financial position is reported to the awarding University on an annual basis and forms part of the ongoing due diligence or "health check" process to retain the status of an approved Centre.

Premises

University of Greater Manchester, Academic Centre- Ras Al Khaimah lease premises that are maintained by the leaseholder and are responsible for the fixtures, fittings and technology required to operate as an education provider. These are reviewed on an ongoing basis through cyclical maintenance and during programme validations and reviews.

The University has experience of risk management as well as responding to unforeseeable events, requirement for temporary premises or alternative delivery mechanisms in the short term. Students are kept abreast of temporary changes to their programme at the earliest opportunity and are given the opportunity to suspend studies pending return to normal at no cost or penalty to them.

Closure of Programme Areas/Courses

The University's strategy is deliberately broad-based and does not currently anticipate the closure of any discipline areas. Programmes are a mirror of the awarding institution and are delivered on a modular basis by teams of academic staff. Therefore, even if

individual members of staff are unable to deliver a module, there are alternative staff available and students are still able to achieve their programme's learning outcomes.

Programmes are reviewed as part of the awarding institution strategy and the programmes delivered by UGMACERAK are on scope for review at the same time.

The University regularly takes decisions to close programmes which do not attract applicants, or which are replaced with alternative programmes. All programme closures follow a teach out policy to enable students to complete their chosen programme of study without disadvantage.

In the extremely unlikely event that the University chose to close a programme or discipline area and teach out arrangements were not appropriate, it will seek to support students to transition to comparable programmes at other institutions. Alternatively, there may be opportunities for students to switch to another programme at our institution if it meets their needs.

Our refund policy deals with the percentage refund for students, refunds are made to the original payor e.g. individual student, sponsor etc.

PhD Students (hosted by UGMACERAK enrolled directly with UGM, UK)

PhD students have a supervisory team of at least two supervisors. This enables continuity in supervision even if members of staff leave the University.

Industrial Action

Industrial action is considered very low due to trade unions, collective associations and workers' councils being illegal in the United Arab Emirates. Any industrial action is viewed as a public disorder offence.

Delivery Partners and Subcontracting

The University does not deliver programmes in conjunction with any other provider and no aspect of the delivery may be subcontracted. This eliminates the need for due diligence of partners or factors relating to the security of other Universities.

Disruption of Service

University of Greater Manchester, Academic Centre- Ras Al Khaimah do not envisage there being any unforeseeable disruption to service however, in the unlikely event that study is disrupted, will draw on some or all of the following areas of support to mitigate the effect on students. These include:

- The use of alternative space, including - if required - the temporary hiring of space on or near existing sites.
- The purchase of specialist expertise, for example the hiring of external academic staff to deliver specialist modules or leasing specialist equipment and/or premises to enable delivery of programmes.
- Use of the awarding institution published Programme Specifications and Academic Regulations to ensure that academic standards are maintained; assessment remains secure and robust, and award and progression decisions are made in line with regulations. Alternative assessment provision with prior approval of the awarding institution.
- The use of Personal Tutors for individualized support and to make early contact with individual students.
- Our well-defined student council to support communication planning between the University and students.
- Specific structures in place to identify and then support students who may be more adversely impacted as a result of mental health or other issues.

We will inform our students if there are to be material changes to their course in accordance with the expectations of the CMA and any guidance provided by the awarding institution.

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STUDENT RECRUITMENT STRATEGY AY2025-26

Student recruitment strategy is a multipronged process linked to UGMACERAK's Marketing Strategy and UGMACERAK's Inclusiveness Policy. Students are provided with detailed application packs and advised by the admissions team led by Admissions Manager. Students who are interested in applying to study with UGMACERAK are required to submit all their details defined as part of the admissions requirements of the Awarding Institution.

UGMACERAK also abides by the RPL Policy (Recognition of Prior Learning) of each Awarding Institution. Students are provided with this guidance at the application stage if it is relevant to them.

Student Admissions Process

Upon receipt of the completed application form the students are required to undertake and complete the following before they are admitted:

1. Appear for a placement exam in Mathematics & English or provide proof of qualifications.
2. Appear for an Interview with a member of the UGMACERAK Academic Team & Administrative Team present.

All students admitted to programmes at University of Greater Manchester, Academic Centre- Ras Al Khaimah must meet the SAME entry requirements as those published for the course delivered at the Awarding Institution. Any local variation is subject to the student holding equivalent entry qualifications and this is established using the guidelines on International Qualifications set by NARIC.

All admission recommendations are made with regards to whether a student can undertake the rigors of the programme after the aforementioned procedures are completed and the final reports are made. The admissions decision is again a joint one made with appropriate representation & inputs from the UGMACERAK academic team.

Non-standard admissions are only approved by the Awarding Institution.

After successful application and prior to the course start date, all students are sent information regarding the enrolment/induction day, any outstanding fees and payment method, halls of residence information and visa requirements. These must be satisfied prior to commencing their studies.

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STUDENT ENGAGEMENT IN QUALITY ASSURANCE & ENHANCEMENT AY2025-26

Introduction

UGMACERAK is committed to engaging with our students in the pursuit of activities to support quality assurance and enhancement. This policy sets out the principles that define the participation of students in our institutional quality assurance and enhancement systems, and are in alignment with the expectations set out in our strategic mission.

The policy's primary aim is to describe the opportunities that students studying with us have to engage in formal and informal quality assurance and enhancement systems, both individually and collectively. The policy does not set out to describe in detail the operation of the various processes. However, it is important to emphasize that UGMACERAK will at all times be aware of its responsibility to promote in appropriate ways the range of opportunities which exist for any student to engage in educational enhancement and quality assurance.

In addition, UGMACERAK Student Charter includes rights and responsibilities in relation to course programme representation and provision of feedback.

Principles of our policy

The principles of student engagement in quality assurance and enhancement activities encompass:

1. Students are invited to provide feedback at Student Staff Liaison Committee meetings where student representatives, academic staff and administration staff discuss course issues including good practice. This is held once every semester and is recorded.
2. Students are invited to provide feedback at course level via the completion of the student feedback questionnaire at end of semester. The outcomes of each survey are received and responded to at both course and institutional level. Some courses also deliver feedback at a unit (modular) level.
3. Students are also given the opportunity to provide feedback in an unstructured and anonymous way through continuous access to a suggestions box.

4. UGMACERAK provides feedback to students via a range of methods. These include SSLC minutes, Review and Enhancement Reports, monthly newsletters and via class room announcements.

Monitoring of policy

Monitoring of our student engagement is undertaken annually in the following ways: The Review and Enhancement Process, with reporting at Course and Institutional level, which will confirm that systems are working appropriately.

Performance Indicators

UGMACERAK recognizes the need to benchmark the effectiveness of student engagement in our quality assurance processes but does need to take into account the part-time status of our students. That said we could review our position annually to ensure student engagement is proactive and feedback is acted upon.

We can also review the effectiveness of the Student Experience Committee as measured in its annual report by the actions reported and issues resolved.

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CONTINUOUS IMPROVEMENT THROUGH PREVIOUS EXTERNAL QUALITY ASSURANCE ACTIVITY ANALYSIS AY2025-26

Policy Statement:

University of Greater Manchester, Academic Centre- RAK (UGMACERAK) is committed to continuous improvement in all aspects of its educational programs and services. Recognizing the value of previous external quality assurance activities, UGMACERAK establishes this policy to guide the analysis of feedback and recommendations received from external quality assurance activities. This policy outlines the process for analyzing and utilizing this information to drive ongoing improvement and enhance the quality of our institution.

Policy Guidelines:

1. Collection and Review of External Quality Assurance Feedback:

- 1.1. UGMACERAK will systematically collect and maintain all feedback reports, evaluations, and recommendations received from external quality assurance activities.
- 1.2. The collected feedback will be compiled and organized in a centralized repository for easy access and reference.
- 1.3. A designated team or committee will be responsible for reviewing the feedback and identifying key themes, strengths, weaknesses, and areas for improvement.

2. Analysis and Identification of Improvement Opportunities:

- 2.1. The team or committee responsible for the analysis will conduct a comprehensive review of the external quality assurance feedback.
- 2.2. They will identify common patterns, recurring issues, and areas where improvement is needed based on the feedback received.
- 2.3. The analysis will consider the alignment of feedback with UGMACERAK's mission, goals, and strategic priorities.

3. Prioritization and Goal Setting:

- 3.1. Based on the analysis of the external quality assurance feedback, the team or committee will prioritize the identified improvement areas.

3.2. Clear and measurable goals will be established for each prioritized improvement area.

3.3. The goals will be aligned with UGMACERAK's strategic plan and the specific requirements or recommendations provided by external quality assurance bodies.

4. Action Planning and Implementation:

4.1. An action plan will be developed for each identified improvement area, outlining the strategies, activities, and resources required to achieve the established goals.

4.2. The action plan will include specific responsibilities, timelines, and measurable outcomes to track progress.

4.3. The responsible individuals or committees will implement the action plans, ensuring regular monitoring and assessment of their effectiveness.

5. Resource Allocation:

5.1. UGMACERAK will allocate necessary resources, including personnel, budget, and technology, to support the implementation of the action plans.

5.2. Adequate training and professional development opportunities will be provided to staff members involved in the improvement initiatives.

6. Monitoring and Evaluation:

6.1. UGMACERAK will establish a system for ongoing monitoring and evaluation of the action plans.

6.2. Regular progress assessments will be conducted to ensure that the established goals and milestones are being achieved.

6.3. The responsible team or committee will track and document the progress made, identify challenges, and make necessary adjustments to the action plans as needed.

7. Collaboration and Communication:

7.1. Effective communication channels will be established to ensure that all stakeholders are informed about the improvement initiatives and progress.

7.2. Collaboration among faculty, staff, students, and other relevant stakeholders will be encouraged to foster a culture of continuous improvement.

7.3. Feedback mechanisms will be implemented to gather input and suggestions from stakeholders to further enhance the improvement efforts.

8. Documentation and Reporting:

8.1.UGMACERAK will maintain comprehensive documentation of the analysis, action plans, progress reports, and outcomes related to the continuous improvement efforts.

8.2.Regular reports on the status of improvement initiatives and their impact on enhancing the quality of the institution will be prepared and shared with appropriate internal and external stakeholders.

9. Policy Review:

9.1.This policy will be reviewed periodically to ensure its effectiveness, relevance, and alignment with emerging best practices in continuous improvement and external quality assurance.

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DISASTER MANAGEMENT PLAN AY2025-26

- Purpose
- Organisation
- Execution
- Direction and Control
- Administration
- Coordinating Instructions
- Reporting
- Contingency Planning

PURPOSE

This Disaster Management Plan (DMP) will be the basis to establish policies and procedures which will assure maximum and efficient utilisation of all resources on the centre, minimise the loss of life and/or injury to the population, and protect and conserve resources and facilities during large-scale emergencies considered to be of disaster magnitude.

For the purpose of this plan, disaster shall be defined as any condition -- man-made or natural which results in a significant disruption to the operation of the centre. The on-set of most disasters is considered to be very rapid, allowing a minimum of time for preparation. The scale of a "disaster" is determined by the potential for loss of life, damage to facilities, and the amount of external resources necessary to return to normal academic function.

Contingency planning is also included in this document to consider the course of action in the event that the main IT Server, phones, electricity. water or key personnel are unavailable for a protracted period (or permanently).

ORGANISATION

This DMP is based on the principle that UGMACERAK will bear the initial responsibility for disaster relief on centre. When specific demands exceed the service levels available, it is understood that assistance will be requested through the civil guard and related ministerial departments.

SITUATION

The centre is vulnerable to a wide spectrum of natural and man-made disasters, including but not limited to: storms (cyclone, winds, flood, monsoon), earthquake, tidal wave, fires and explosions, radical human behaviour and industrial type disasters.

Temporary Closures: Ensuring Safety and Continuity

At UGMACERAK, the safety and well-being of our students, staff, and visitors will always be our highest priority. In certain situations, such as emergencies or adverse weather conditions, we may need to temporarily close our campus to protect our community. To manage such scenarios effectively, we will follow a structured approach that minimizes disruption while ensuring continuity of operations.

Our leadership team, in coordination with relevant authorities, will make closure decisions in compliance with UAE regulations and directives. These decisions will be based on thorough risk assessments, emergency plans, and prevailing conditions to safeguard everyone on campus.

Clear and timely communication will be essential when a temporary closure is implemented. We will inform all students, faculty, and staff about the closure, including the reasons, expected duration, and any alternative arrangements. Where possible, we will transition to hybrid or online learning models to maintain academic continuity.

Additionally, we will notify the licensing authority of any campus closure to ensure alignment with government directives and facilitate a coordinated response.

During closures, we will activate our emergency plans, conduct ongoing risk assessments, and take necessary measures to maintain operational functionality. Reopening will only take place once we, in collaboration with relevant authorities, confirm that conditions are safe, ensuring a smooth transition back to normal campus activities.

OBJECTIVE

The centre will provide for the protection of students, faculty, staff, visitors, and material resources of the centre in order to minimise injury, loss of life, and damage resulting from any kind of disaster. The administration of UGMACERAK will provide for continuity of management function, damage assessment, -- public and private -- and immediate attention to the re-establishment of normal operations.

EXECUTION

1. Pre-Disaster Phase: Activities in this phase are designed to develop a strong emergency response capability and to organise all levels of administration to assure full utilisation of all resources by completing the following:
 - preparing and conducting staff information programs on disasters to educate the faculty on prevention and protection measures to be taken during a disaster;
 - developing a procedure for alerting, notifying, and mobilising key officials and emergency response personnel in the event of a disaster;
 - establishing mutual support agreements, as necessary with other local adjacent organisations;
 - preparing plans for disaster recovery phases from disasters; and
 - establishing the necessary emergency powers, to include a line of succession, in order to maintain a continuity of administration during any type of disaster.
2. Disaster Phase: During this phase, the operational activities of the centre will be accelerated to increase the state of preparedness of the centre population to meet and cope with an impending or imminent disaster if warning is sufficient. The disaster phase shall include all of the following:
 - In the event of a disaster with little or no warning -- operational activities will be directed towards protecting life and property, administering to the health and welfare of the affected population, containing or limiting damage effects, assessing damage and estimating requirements for restoring and recovering from the results of a disaster;
 - The Director -- shall use his discretion to declare a MAJOR EMERGENCY;
 - The declaration of a MAJOR EMERGENCY automatically triggers the implementation of the Disaster Management Plan (DMP);
 - An Emergency Operations Centre (EOC) will be established as soon as possible after the declaration of a MAJOR EMERGENCY.
 - The necessary emergency operations will be initiated and maintained in accordance with the attached Appendixes.
3. Recovery Phase: During this phase, centre administration, the Civil Guard, Facilities, Maintenance, and Operations, and other departments as needed will undertake operations necessary to administer to the sick and injured, restore order, stop on-going loss, repair damage to facilities and utilities, establish housing for displaced students, and provide class and laboratory facilities destroyed, damaged and or otherwise made unusable by a disaster. The Director, or his designee, will be responsible for determining priorities of effort, allocating resources to high priority objectives, assisting the affected population toward recovery, and the restoration of normal functions.

DIRECTION AND CONTROL

Overall emergency operations will be directed from the EOC. By approval of this Disaster Management Plan, the implementation of the plan is delegated to the Chain-of - Command listed below:

1. UGMACERAK Senior Management (CEO)
2. Director
3. Academic Coordinator
4. Quality Manager
5. Marketing Manager

ADMINISTRATION

1. The UGMACERAK Senior Management Team has the overall responsibility for the policy decisions affecting the pre-disaster activities, disaster operations, and recovery operations of all divisions; as well as the coordination of emergency support provided by other agencies.
2. The Director of is responsible to the UGMACERAK SMT as their representative. The Director represents UGMACERAK while supervising all activities of the administration during the pre- disaster and recovery phase operations. The Director is responsible for:
 - Declaring a "MAJOR EMERGENCY" which will initiate this DMP
 - Responding to the Police, Civil Defence and ministerial agencies
 - Arranging temporary facilities to replace those lost
3. The Academic Coordinator will be responsible for:
 - Acting on behalf of the Director in his/her absence.
 - Providing information to the UGMACERAK SMT concerning the impact of the disaster on the academic operations.
 - Assessing detailed reports from Course Managers concerning needs to return the centre to its normal academic status; and
 - Transition to and operation of temporary academic facilities
4. The Quality Manager is responsible to the Director and implements emergency orders of the CEO or Director, relating to the disaster. Additional responsibilities include:
 - Reporting to Police/Civil Defence or alternative service;
 - Receiving of requests for emergency services;

- The prioritisation and direction of emergency services, as requested and as available;
 - Establishing and maintaining communications with appropriate municipal services;
 - Being a liaison between emergency services and other expert services that may be necessary during the pre-disaster, disaster, and post-disaster phase;
 - Notification and reporting situation updates to partner organisations.
5. The Marketing Manager is responsible for:
- Coordinating media information requests;
 - Maintaining order throughout centre,
 - Maintaining traffic control on evacuation routes in conjunction with EDRAK
 - Coordinating the administrators in the contacting of students/parents and establishments of an information source online
 - Establishing a system for issuing security passes to authorised personnel in the disaster affected areas.
6. The Civil Defence is responsible for utilisation of all firefighting, emergency medical, rescue and hazardous materials response resources made available to the centre. Specifically, the department shall be responsible for:
- Sending a representative to the EOC to liaise with the Director;
 - Ordering evacuations, as needed;
 - Coordinating search and rescue missions;
 - Extinguishing of fires
 - The pre-hospital triage, treatment, and transportation of the sick and injured; and maintaining an adequate reserve force for additional simultaneous emergencies.
 - Coordinating with the coroner regarding the care of mass casualty victims
7. The Municipality/Council is responsible for the assembly, preparation, and dissemination of public information concerning the disaster, including and shall be responsible for:
- The establishment of a Public Relations Officer (PRO) at or near the site or alternate site; and
 - establishment of a media staging area remote from the disaster area for media briefing purposes.

8. Facilities Maintenance and Operations (EDRAK) is responsible for safely maintaining the operating plant and facilities so as to allow the centre to return to performing its normal mission as quickly as possible after the disaster. FM&O responsibilities include but are not limited to:

- Providing a representative at the EOC
- Removing debris and obstructions from transportation routes;
- Repairing and restoring utilities -- including electrical, potable water, and sewer systems on centre
- Providing qualified staff to conduct damage assessments and reporting to EOC.
- Providing temporary relocation facilities for displaced students and maintaining records as to the location of students who have been displaced;
- Providing bedding materials at the alternative site and emergency worker on centre during the emergency

COORDINATING INSTRUCTIONS

The DMP is to be used for planning purposes upon receipt and for execution upon order of the Director or designee. All staff are responsible to the Director for managing and controlling disaster related operations in their respective teams and the implementation of emergency orders and decisions of the Director. In addition, all Managers are responsible for:

- Developing the required that will support this plan;
- Developing mitigation plans including protection of critical data and equipment from loss;
- Coordinating with other agencies before, during, and after an emergency or disaster to assure the most efficient operation of personnel and material resources;
- Staffing and representing their department in the EOC when requested;
- Maintaining a current roster of key personnel at an off-centre location for call-back purposes;
- Developing mutual aid agreements with similar agencies of adjoining educational facilities; and
- Administratively and logistically supporting other organisations

REPORTING

Reports are required periodically when a disaster has occurred to provide the Senior Management Team with information with information to use in determining the appropriate response to the disaster. Initial reports will be submitted as quickly as possible to the Director. The **Risk Register log** is made available at the reception and all incident of risk will be recorded on a timely basis.

The reporting cycle, beginning with the Initial Damage Assessment will be at 0900 and 1600 each day during the disaster response phase. Reporting will take place in person at the EOC all staff listed above in Direction and Control are to attend.

Reports will include the following:

1. Initial Situation Report - includes but is not limited to:
 - Type of disaster;
 - Date and time of disaster;
 - Status of mobilisation of centre resources;
 - Initial casualty, damage assessment; and
 - Immediate support needed from off centre agencies to bring incident under control.
 - Allocation of priorities
2. The initial Damage Assessment Report will be made by the Director at the scene of the disaster and will include:
 - Geographic estimate of damage area; and
 - Injury and fatality report.
3. EDRAK Assessment Report will be made by qualified Facilities Operations and Maintenance staff and will include:
 - Listing of damaged facilities; and
 - Resources necessary to return the facilities to normal operations.
 - Time and expense to return damaged facilities to normal operations; and
 - Estimate of off-centre resources needed immediately to initiate the disaster recovery process.

4. Daily Situation Reports will be made by the Director to the Municipal Services at or around 4:00 PM. This report shall include updates on emergency activities related to mitigation of the disaster
5. After Action Report will be submitted to the appropriate Partner Organisation as soon as possible after the termination of the Disaster Phase. The report will be a narrative summary summarising:
 - Overall combined efforts of all involved agencies and departments
 - Outstanding support required for students
 - Deficiencies observed; and
 - Recommended actions that should be taken to improve effectiveness.

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SAFEGUARDING & CHILD PROTECTION POLICY AY2025-26

Introduction

This policy has been developed by University of Greater Manchester, Academic Centre-RAK

Key objectives

Our primary consideration is to ensure that no learner is at risk of abuse or is harmed. Our key objectives are:

- To ensure that learners are not at risk of abuse at our university,
- To ensure that all learners are free from sexual harassment while within our university or while receiving a service from us; whether the harassment is from employees, peers or contractors; and
- Recognize and take appropriate action, when a child, young person or vulnerable adult might have been abused, including in the community or family.

To meet our objectives, we commit to:

- Comply with all relevant UAE laws and regulations,
- Set overarching principles to help our employees think about our safeguarding / child protection responsibilities

Responsibilities:

- Define procedures and provide guidance on the safeguarding/child protection standards we expect and the actions our staff should take to avoid risk and to respond to cases of abuse,
- Communicate our Policy and guidelines to our employees, contractors, parents and others interested in our approach including through publishing our policy,
- Ensure all our people are offered training to build their skills in avoiding, identifying, responding and reporting cases of harm,
- Monitor and document performance and apply any learning from these Safeguarding/ Child Protection Learning Principles.

Our safeguarding/child protection learners' principles

- Best interests of the learner are paramount and shall be the primary consideration in our decision making.
- We are learner centered and have adopted a rights-based approach. This helps us keep the rights of students, children and vulnerable adults to care, nurturing and equality of protection sharply in focus in all our activities
- Equality of protection to ensure that students have the same positive opportunity and to engage in our activities safely regardless of their gender, ability, race, sexuality, ethnicity, religion, circumstances or age.
- Vulnerable children and adults require attention to optimize their safety needs and promote their access to important opportunities.
- We take responsibility to meet our obligations regarding our duty of care to all our students. This means ensuring our products are safe and that we protect children and vulnerable adults across all our activities and facilities.
- We reject the use of child or forced labor in our educational activities and in our business relationships.
- We make clear our standards to contractors and suppliers and audit those we identify as being high risk.
- We recognize and acknowledge an element of risk can exist in many learning situations, and while we may never be able to eliminate this completely, we will do all we can to reduce or limit its impact.
- We are honest and transparent in our approach and publicly disclose both this policy and the way we work to try and protect all our students and children and vulnerable adults.
- In general, excepting where there is an apparent immediate threat to life or limb, all personally identifiable information concerning students should only be shared and handled on a need-to-know basis and where we have the express consent of the data subject for the nominated purpose. Access to the information must be necessary for the conduct of a role relevant to our University Only individuals who have legitimate reasons to access the information can receive it.
- We have a dedicated person (s) in place to take responsibility for the protection of children and vulnerable adults
- We work with others to protect children and vulnerable adults. This could include law enforcement or child welfare agencies where necessary. We require incidents relevant to this policy in respect of all students to be reported in a timely way both internally and to the appropriate authorities, linked to proper recording of the relevant details.
- Independent monitoring of the implementation of the policy is important to us, and we would share our policy with all relevant people and agencies.

Review history

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INCLUSIVE PRACTICE POLICY AY2025-26

Introduction

University of Greater Manchester, Academic Centre- RAK (UGMACERAK) welcomes applications from those with specific access requirements. Our aim is to develop a proactive approach to ensure that services are accessible for all, that we respect individual choice and that we create an inclusive environment which recognises the diversity of individuals within a flexible and supportive educational framework

Definitions

For the purposes of this document the term 'specific access requirements' is interpreted broadly and covers specific access requirements of any applicant, student or graduate, especially in relation to a disability. It therefore applies to those who:

- Have a disability or a learning difficulty
- Have special examination requirements

Admission to our programmes is granted strictly on the basis of eligibility and we seek to ensure that our policies do not disadvantage any applicant or student. Programme assessment is primarily through assignments and some examinations, so it is therefore particularly important that we are fully informed of any special examination requirements and establish how we can reasonably meet those needs.

For the purposes of this document, disability is defined as any physical or mental impairment which has a substantial adverse effect on the person's ability to carry out normal day-to-day activities and is likely to last more than 12 months.

Disability by this definition includes physical or mobility impairments, visual impairments, hearing impairments, learning difficulties (e.g. dyslexia, dyspraxia or dyscalculia), ADHD, mental health difficulties, autistic spectrum conditions, medical conditions and 'unseen disabilities' (e.g. asthma, epilepsy, heart conditions, diabetes, cancer, HIV/AIDS and multiple sclerosis).

Purpose

The purpose of this policy is to ensure UGMACERAK remains committed to providing access and enabling students with specific access requirements as defined above to achieve a qualification. The policy aims to comply with current legislative requirements.

Scope

We are committed to providing the appropriate support to enable any student, who meets the academic criteria to cope with the requirements of the course, to have an equal chance of success.

To achieve this UGMACERAK:

- Recognises that everyone is an individual, and will work with students to identify barriers to studying and make reasonable adjustments to remove them;
- Is committed to ensuring wherever possible that no student is disadvantaged in their programme of study by disability or other specific access requirements;
- Is committed to developing a culture of inclusion in which people feel comfortable to disclose a disability and to discuss any reasonable adjustments;
- Is committed to the development and improvement, as appropriate and possible, of services and procedures;
- Is committed to the development of knowledge and understanding of staff to meet the needs of students with a disability and other identified specific access requirements.

This policy therefore relates to four distinct areas: disclosure; admissions and registration; the study experience; and examination arrangements.

Disclosure

UGMACERAK will make reasonable enquiries to find out whether you have a disability. However, if we have made reasonable attempts to find out but you have chosen not to disclose your disability, the institution cannot be responsible for any failure to make specific individual adjustments.

Any information provided about a disability or other specific access requirements is likely to be classified as sensitive personal data for the purposes of the Data Protection Act as amended by the General Data Protection Regulation.

UGMACERAK will treat such information as confidential and will make it available only to those who need to know. Such information is used only to ensure the necessary support and any required adjustments.

Any medical reports provided are strictly confidential and only specific access requirements are communicated.

No information about disability will be disclosed to any third parties without the explicit consent of the student.

Admissions

Any applicant to UGMACERAK should be confident that their application is considered on the same academic grounds as those from other candidates. Discussions relating to any special requirements are quite separate from the academic selection processes.

Applicants are encouraged to declare their disability or any other specific access requirements on the application form to ensure we can assist the student to make the most of their studies.

A student may declare a disability and/or any specific access requirements at any time during their studies and if disclosed after enrolment we will endeavour to provide reasonable support from the date of disclosure.

However, late disclosure may limit the extent of any assistance and adjustment we are able to make.

The Study Experience

Any applicant or student who would like to receive materials in other than the standard printed form is advised to contact the Course Manager. Applicants are strongly encouraged to request the materials in alternative formats at the application stage. UGMACERAK strives to support individual students with disabilities in order to meet their particular needs.

UGMACERAK is not responsible in any way for the management of external institutions which offer support for additional needs. Students should contact the institution directly in order to find out if their specific needs can be met.

Special Examination Arrangements

UGMACERAK will attempt to ensure that a student with specific access requirements is not disadvantaged in assessments/examinations compared with other students. Applicants and students with a requirement for special arrangements are advised to contact the Course Manager to discuss them.

Examples of the ways in which we may be able to assist students include:

- Question papers in alternative formats;
- Large print question papers;
- Special seating;
- Extra time;
- Use of an amanuensis;
- Use of a word processor
- Breaks during the examination;
- Permission to take food into the examination hall

The requirements of some examination processes mean that examinations can take place only in examination centres. It should be noted that adjustments in examination arrangements are not intended to compromise the qualification itself. UGMACERAK will not modify the particular academic standard which it applies to determine whether or not students have a particular level of competence or ability. UGMACERAK aims to provide an equal opportunity to all students. This policy describes what a student with specific access requirements should consider during their student life cycle; although we recognise that everyone is an individual it is not possible to cover individual cases in this document. This policy will be updated when necessary to reflect any changes to the legislation or any practices/policies.

Review history

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CONFLICT OF INTEREST POLICY (VERSION 2.0)

The establishment of links between staff and outside bodies - whether Government departments, commerce, industry, or others - is not only in the public interest but also benefits the Organisation and the individuals concerned. However, it is possible that such links may give rise to conflicts of interest. UGMACERAK has therefore prepared the following guidelines and rules to help individuals assess whether or not proposed activities could cause a conflict of interest, and to outline the procedure for disclosure of any actual or potential conflict.

Guidelines as to Conflict of Interest:

It is not possible to define all the circumstances which may cause a conflict of interest, but the following are examples of situations giving rise to a perceived conflict of interest. In any situation where an individual is uncertain as to the propriety of a given arrangement, advice may be sought from the Director.

- a) Use of the research or administrative facilities to pursue personal, business, commercial, or consulting activities.
- b) Any attempt to restrict rights governing the timing and content of publications, except in circumstances properly approved by UGMACERAK to protect privacy, commercially sensitive proprietary information, and patentable inventions.
- c) Involvement in externally funded activity which might infringe the right of a student engaged in the activity to complete the degree for which he or she is registered, and/or to publish freely his or her findings (except in the circumstances referred to in sub-paragraph (b) above).
- d) A financial interest held by an individual (or by his or her immediate relative(s) or household member(s)) in an external enterprise engaged in activities closely related to that individual's line of research in the Organisation. Examples of such interests are paid consultancies, paid service on a board of directors or advisory board, or equity holdings in or royalty income from the enterprise. The existence of such an interest does not necessarily imply conflict, but is likely to give an appearance of conflict, and should be declared.
- e) A personal involvement (or by his or her immediate relative(s) or household member(s)) in any company or commercial enterprise which is in a contractual relationship with the Organisation, or which is in the process of negotiating a contract with UGMACERAK, where the employee has been concerned or connected with placing or negotiating the contract in question or with the research or other activity which the contract might cover.

- f) Application by family members or friends for employment in UGMACERAK or in a related company, where an individual is in a position to influence the appointing process.
- g) Receipt of gifts or hospitality by a student or an individual (or by his or her immediate relative(s) or household member(s)) from a company or organisation offering goods or services to UGMACERAK.
- h) A personal relationship, historic or emerging, between staff members or staff and student that may imply influence or bias (either against or in favour) towards either party.

Declarations:

Any gifts (of any or no value) to employees of UGMACERAK must be declared immediately to the Director and may only be accepted on behalf of the Organisation (not as a personal gift). It is not appropriate to give gifts of value to students; any gift should be given on behalf of the Organisation (not the staff member) and without prejudice or bias.

It is the duty of all employees to disclose any conflict of interest (personal or professional). The procedures for disclosure are explained below. Failure to disclose a conflict of interest may result in disciplinary action.

A declaration as to any conflict of interest will be sought by the Organisation at employment. Application for permission to undertake other activities such as research or employment will require the individual concerned to declare any conflict of interest before permission will be granted.

Disclosure should be made in writing and should be directed to the Director. This procedure will also apply in other situations giving rise to a potential conflict of interest. A record of all declarations made shall be maintained centrally by the Director. In addition to declarations made from time to time, records shall be updated regularly and members of staff shall be required to provide updated information on request.

If a conflict of interest or a potential conflict of interest has been disclosed, the individual concerned shall discuss a possible resolution with the Director. Any unresolved matter shall be referred to the CEO for advice.

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IT FACILITIES AND LEARNING RESOURCES POLICY AY2025-26

Introduction:

The University of Greater Manchester, Academic Centre- Ras Al Khaimah (UGMACERAK) recognizes the significance of providing sufficient and purposeful facilities and learning resources to enable students to develop their academic, personal, and professional potentials. This report outlines the procedures in place at UGMACERAK for planning, developing, and reviewing facilities and learning resources to ensure their adequacy and suitability for all students

1. Planning:

- 1.1. Needs Assessment: UGMACERAK conducts regular needs assessments to identify the requirements and preferences of students, faculty, and staff regarding facilities and learning resources. This assessment helps in aligning the resources with the evolving needs of the academic community.
- 1.2. Strategic Planning: UGMACERAK develops long-term strategic plans that consider the institution's goals, growth projections, and future demands to guide the planning and development of facilities and learning resources.
- 1.3. Budget Allocation: Adequate financial resources are allocated to support the planning, development, and maintenance of facilities and learning resources, ensuring a conducive learning environment.

2. Development:

- 2.1. Facility Expansion and Upgrades: UGMACERAK undertakes continuous efforts to expand and upgrade its facilities to meet the changing needs of students and to provide a modern and technologically advanced environment. This includes the construction of new buildings, renovation of existing spaces, and the integration of innovative technologies.
- 2.2. Learning Resource Acquisition: UGMACERAK ensures the acquisition and provision of a wide range of learning resources, including books, journals, digital resources, and online databases. The acquisition process involves collaborations with publishers, vendors, and libraries to ensure access to relevant and up-to-date materials.

3. Library Resources:

- 3.1. Collection Development: UGMACERAK has a comprehensive plan for the development of library resources, which includes regular assessments of the existing collection and identification of areas for improvement. The plan takes into account the evolving academic needs and priorities of students and faculty. It

involves collaborations with publishers, vendors, and libraries to acquire relevant and up-to-date books, journals, digital resources, and online databases.

- 3.2. **Access and Availability:** UGMACERAK is committed to providing easy and convenient access to library resources. The institution ensures that students, faculty, and staff have access to a wide range of resources both physically and digitally. This includes maintaining a well-organized physical library space and implementing efficient digital library systems for seamless access to electronic resources.
- 3.3. **Library Services:** UGMACERAK offers a range of library services to support students and faculty in their academic endeavors. These services include reference assistance, interlibrary loan, document delivery, information literacy programs, and research support. The institution regularly reviews and enhances these services based on feedback from users.
- 3.4. **Technological Infrastructure:** UGMACERAK invests in robust and reliable technological infrastructure, including network systems, computer labs, multimedia equipment, and software applications, to facilitate effective teaching, learning, and research activities.

4. Lab Resources:

- 4.1. **Equipment Acquisition and Maintenance:** UGMACERAK has a plan for the acquisition and maintenance of lab equipment to ensure that students have access to state-of-the-art facilities. The institution invests in the latest equipment and technologies relevant to the programs offered. Regular maintenance and upgrades are conducted to ensure the proper functioning and safety of the lab resources.
- 4.2. **Lab Safety Protocols:** UGMACERAK places great importance on the safety of students and faculty in the lab environment. The institution has developed and implemented comprehensive lab safety protocols and guidelines. These protocols include training sessions for students on lab safety practices, the use of personal protective equipment, emergency procedures, and the proper handling and disposal of hazardous materials.

5. Network and Connectivity:

- 5.1. **Internet Access:** UGMACERAK ensures that students, faculty, and staff have reliable and high-speed internet access throughout the campus. The institution invests in sufficient bandwidth and network infrastructure to support the growing demands for online research, learning management systems, and communication platforms.

- 5.2. Wireless Connectivity: UGMACERAK provides campus-wide wireless connectivity, enabling students and faculty to access online resources and collaborate effectively from any location within the campus premises.

6. Hardware and Software:

- 6.1. Computer Labs: UGMACERAK maintains well-equipped computer labs with up-to-date hardware and software resources. These labs are designed to provide students with access to the necessary tools and technologies for their coursework, research, and project work.
- 6.2. Classroom Technology: UGMACERAK ensures that classrooms are equipped with appropriate audio-visual technologies, such as projectors, interactive whiteboards, and audio systems, to facilitate effective teaching and learning experiences.
- 6.3. Software Applications: UGMACERAK provides access to a wide range of software applications and tools relevant to the academic programs offered. The institution ensures that students have access to licensed software and the latest versions of essential applications.

7. Data Security and Privacy:

- 7.1. Information Security Policies: UGMACERAK has established robust information security policies and procedures to safeguard the confidentiality, integrity, and availability of data. These policies address data protection, access controls, encryption, and incident response protocols.
- 7.2. Data Backup and Recovery: UGMACERAK regularly backs up critical data and implements disaster recovery measures to ensure the continuity of IT services in the event of any unforeseen circumstances.

8. IT Support and Training:

- 8.1. Help Desk Services: UGMACERAK provides a dedicated IT help desk to assist students, faculty, and staff with any IT-related issues or inquiries. The help desk offers technical support, troubleshooting, and guidance on using various IT resources effectively.
- 8.2. Training and Workshops: UGMACERAK organizes training sessions and workshops to enhance the digital literacy skills of students, faculty, and staff. These sessions cover topics such as using software applications, online research tools, cybersecurity best practices, and effective use of IT resources.

9. Continuous Improvement:

- 9.1. Technology Upgrades: UGMACERAK regularly evaluates and upgrades its IT infrastructure to keep pace with technological advancements and evolving

industry standards. The institution considers feedback from users, emerging trends, and the changing needs of the academic community to prioritize technology investments.

- 9.2. IT Governance: UGMACERAK has established an IT governance framework to ensure effective planning, management, and oversight of IT resources. This framework includes regular reviews, assessments, and performance monitoring of the IT infrastructure and services.
- 9.3. Feedback and Evaluation: UGMACERAK actively seeks feedback from students, faculty, and staff regarding library and lab resources. Feedback is collected through surveys, focus groups, and consultations to identify areas for improvement. The institution also conducts regular evaluations of the effectiveness and adequacy of these resources based on usage data and user feedback.
- 9.4. Resource Expansion: UGMACERAK regularly reviews and assesses the need for additional library and lab resources based on student enrollment, program requirements, and industry trends. The institution considers expansion plans to accommodate the growing needs of the academic community and to ensure a sufficient number of resources for all students.

10. Review

- 10.1. Continuous Monitoring: UGMACERAK maintains a systematic process of monitoring and evaluating the adequacy and suitability of facilities and learning resources. This includes gathering feedback from students, faculty, and staff through surveys, focus groups, and regular consultations to identify areas for improvement.
- 10.2. Performance Evaluation: UGMACERAK conducts periodic assessments of the utilization and performance of facilities and learning resources, taking into account factors such as capacity, functionality, accessibility, and user satisfaction.
- 10.3. Feedback Incorporation: Feedback received from the academic community is used to inform decision-making processes and guide future planning and development initiatives. Suggestions and recommendations are considered to address any identified shortcomings or areas requiring enhancement.

11. Collaboration:

- 11.1. Stakeholder Engagement: UGMACERAK actively engages students, faculty, staff, and external stakeholders in the planning, development, and review processes to ensure diverse perspectives are considered and to foster a sense of ownership and shared responsibility for maintaining high-quality facilities and learning resources.

11.2. Industry Partnerships: UGMACERAK collaborates with industry partners and relevant organizations to identify emerging trends, technological advancements, and industry-specific requirements. This collaboration helps ensure the alignment of facilities and learning resources with the evolving industry landscape.

Conclusion:

UGMACERAK’s clear procedures for planning, developing, and reviewing facilities and learning resources demonstrate the institution's commitment to providing a supportive and conducive learning environment. The continuous assessment and enhancement of these resources enable students to develop their academic, personal, and professional potentials. UGMACERAK remains dedicated to maintaining and improving its facilities and learning resources to meet the evolving needs of its students and the academic community.

Review history

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UGMACERAK COMPLAINTS PROCEDURE AY2025-26

1. Introduction

- 1.1 This Procedure shall be supplemented by a Code of Practice for Staff and for Students which will be approved within the University and amended as necessary by the appropriate authorities.

2. Definition

- 2.1 A complaint is an expression of dissatisfaction with any aspect of the University's activities, or their absence, in a manner that expects and allows for its proper consideration and the appropriate responses to the relevant individual/s.
- 2.2 The following will not be regarded as a complaint:
An enquiry e.g. when a student asks about the availability of a course, service or facility at the University.
- A request e.g. when a student asks for the provision of a service or facility, for action to be taken, for an explanation or justification.
 - A comment e.g. which is informal and does not require further action.
 - A suggestion e.g. for an improvement in provision of a course, service or facility. A report e.g. when a student reports that something is wrong.
 - An appeal e.g. when a student 'appeals' i.e. requests a review of an Assessment Board decision.
- 2.3 The complaint must be about a matter relevant to the University's activities and be made by a student, or a group of students, who must have a tangible relationship with the University such as; prospective, accepted, enrolled or past student status. (In the case of a complaint from a group of students, the complaint should be submitted on their behalf by the relevant Student Representative).
Where it is inappropriate or not possible for the student to make the complaint this may be done on their behalf by a person, who in the view of the University has a legitimate interest in the student's complaint (and with the student's knowledge and written consent) and that interest must be made clear to the University.
- 2.4 A complaint must usually be made within three months of the occurrence of the relevant event or activity or its absence.

- 2.5 Where it is decided at any stage that the complaint does not meet these criteria and therefore shall not be considered, the reason for this shall be included in the response to the student.

3. Stage 1 Informal Complaint

- 3.1 Complaints of a minor nature can frequently be sorted out quickly by talking directly to the tutor or to the person providing the service.
- 3.2 It is anticipated that informal resolution of a complaint will be an oral process, no written record will be made and that most complaints will be resolved in this manner.
- 3.3 If you wish to make an informal complaint about any aspect of the University's activities, please contact your Module Tutor or Course Manager.

4. Stage 2 Formal Complaint

- 4.1 A formal complaint must be made in writing on/or attached to, a completed and signed Student Complaint Record Form either by the person making the complaint or on their behalf by a person who, in the view of the University, has a legitimate interest in the student's complaint (and with the student's written agreement (see 2.2 above).
The Form and any additional documents should be sent to the Course Manager.
- 4.2 All complaints will be considered initially by the Course Manager who will decide if the Form (and any attachments) has/have been completed adequately and if the complaint is acceptable under the formal procedure. A copy of the complaint will be forwarded to the Director of Administration/ Principal / or their nominee which is the subject of the complaint for investigation. This person will undertake the role of Investigator of the complaint. It is the duty of the investigator to make any person subject to a complaint aware of the details as soon as possible (see 5.2 below).
- 4.3 The Quality Manager will make available guidance on complaints to the student and to that part of the University considering it, where necessary.
- 4.4 The complainant will receive a written acknowledgement of the complaint normally within five working days of the completed Student Complaint Record Form being received by the Course Manager and, subsequently, either the written response to it or a report on progress, normally within 10 working days of receipt of the complaint and every 10 working days thereafter.

5. Considering Student Complaints

- 5.1 Student Complaints shall be handled by staff in accordance with the Code of Practice for Staff i.e. in an unbiased manner and without prejudice.
- 5.2 Where the student, or any individual against whom the complaint is made, participates in any investigation they are entitled to have access to relevant documents (at least the complaint and any record of the outcomes of any previous stage) and to be accompanied and/or represented by another student or staff member of the University at any hearing or interview. However, any person accompanying the complainant at such meetings must not be a legal representative.
- 5.3 The Quality Manager shall be kept informed by the person investigating the complaint on progress every 10 working days in order to maintain appropriate accurate records and will receive a copy of the letter of response to the student when this is issued.
- 5.4 A review of a complaint at the student's request at a subsequent stage of the procedures shall only be on the grounds of a material error or irregularity in the handling of the original complaint or of the unreasonableness or unfairness of the decision reached. This review should consider whether the Student Complaints Procedure has been observed correctly and/or that the decision reached was reasonable and fair. The student may choose for this to be only by examination of relevant documentation.
- 5.5 The person investigating a complaint at any stage shall have access to all relevant documents, any other evidence and individuals, and may offer an informal resolution of the complaint at any stage.
- 5.6 Complaints will be dealt with in confidence as far as possible and only by those members of staff who need to consider them. Only information about the complaint that is necessary for the purpose of investigating and resolving the complaint and keeping appropriate records will be revealed to another person.
- 5.7 Documentation on the complaint will be kept in a secure location. Discussions and interviews on the matter will be held private and may be recorded for accuracy.
- 5.8 If a complainant requests anonymity, they will be advised by the Quality Manager that this may place limitations on the investigation and possible outcome. If this is likely to be the case, a request will be made for the student's agreement for disclosure of their name in connection with their complaint and it may be that the complaint will not be considered if anonymity is insisted upon.

- 5.9 A complaint which proves to be frivolous, malicious, libelous or vexatious can jeopardize the effective use of the procedure and may not be considered. This may result in disciplinary action. A complaint may not be considered if it is in, or accompanied by, an unacceptable form of behaviour or writing.

6. Outcome and Redress

- 6.1 The outcome of any stage in the procedure and the reasons leading to this decision shall be communicated in writing to the complainant, the Quality Manager and all other relevant parties normally within 10 working days of the decision being taken.
- 6.2 The outcome may include redress for the complainant and/or the removal of the cause of the complaint or a recommendation on either of these.
- 6.3 Any redress shall be determined by the person considering the complaint within the limits of their authority and any recommendation beyond this shall be to the appropriate person or part of the University.
- 6.4 A member of staff or part of the University receiving a recommendation for redress for a complainant or for other action to be taken shall consider this carefully and report their response to the student complainant, the Quality Manager and other relevant parties within 10 working days of the receipt of the recommendation.

7. Stage 3 Consideration by the Awarding Institution

- 7.1 If the student is not satisfied with the outcome of Stage 2, they may submit a request to the Awarding Institution. The Awarding Institution will liaise with UGMACERAK to judge both the circumstance and handling of the complaint prior to giving an independent judgment of the same.
- 7.2 If the student remains dissatisfied after the Awarding Institution consideration, there may be an independent ombudsman for that programme and details would be given as appropriate.

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UTILIZATION OF EXTERNAL QUALITY ASSURANCE FEEDBACK FOR INTERNAL QUALITY ASSURANCE ENHANCEMENT POLICY AY25-26

Policy Statement:

University of Greater Manchester, Academic Centre- Ras Al Khaimah (UGMACERAK) is committed to maintaining and improving the quality of its educational programs and services. To ensure the effectiveness of our internal quality assurance processes, we acknowledge the value of external quality assurance activities and commit to utilizing the feedback received from such activities to inform and enhance our internal quality assurance practices. This policy outlines UGMACERAK's approach to utilizing external quality assurance feedback to verify the effectiveness of our internal quality assurance and facilitate ongoing improvement.

Policy Guidelines:

1. Engagement with External Quality Assurance Activities:

- 1.1. UGMACERAK will actively participate in external quality assurance activities conducted by recognized accrediting bodies, regulatory authorities, and other relevant stakeholders.
- 1.2. UGMACERAK will provide complete and accurate information to external quality assurance agencies to facilitate their evaluation processes.

2. Collection and Analysis of External Quality Assurance Feedback:

- 2.1. UGMACERAK will collect feedback and reports generated from external quality assurance activities.
- 2.2. The collected feedback will be analyzed to identify strengths, weaknesses, and areas for improvement in UGMACERAK's internal quality assurance practices.
- 2.3. Feedback will be treated confidentially and shared with relevant internal stakeholders responsible for quality assurance.

3.Verification of Internal Quality Assurance Effectiveness:

- 3.1. UGMACERAK will compare the findings and recommendations from external quality assurance activities with its internal quality assurance processes to verify their alignment.
- 3.2. A designated team or committee will be responsible for reviewing and analyzing the feedback received, identifying areas where internal practices can be strengthened or improved.
- 3.3. The verification process will assess the effectiveness of internal quality assurance mechanisms in meeting the requirements set by external quality assurance bodies.

4.Action Planning and Implementation:

- 4.1. Based on the findings and recommendations derived from external quality assurance feedback, UGMACERAK will develop action plans to address identified areas for improvement.
- 4.2. Action plans will include specific goals, strategies, responsibilities, timelines, and measurable outcomes.
- 4.3. The individuals responsible or committees will implement the action plans and monitor their progress regularly.

5.Ongoing Quality Assurance Enhancement:

- 5.1. UGMACERAK will use external quality assurance feedback as a valuable source of information to drive continuous improvement in internal quality assurance practices.
- 5.2. Feedback will be shared with relevant stakeholders to raise awareness and facilitate engagement in quality enhancement efforts.
- 5.3. Regular review cycles will be established to assess the effectiveness of action plans and their impact on internal quality assurance.

6.Documentation and Reporting:

- 6.1.UGMACERAK will maintain documentation of the external quality assurance feedback, action plans, and progress reports.
- 6.2.Reports on the utilization of external quality assurance feedback for internal quality assurance enhancement will be prepared and shared with the appropriate internal and external stakeholders.

7.Continuous Review and Evaluation:

- 7.1.This policy will be periodically reviewed and evaluated to ensure its effectiveness and alignment with emerging best practices in quality assurance.
- 7.2.Revisions or updates to the policy will be made as necessary to enhance the utilization of external quality assurance feedback.

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COUNSELOR'S CORNER AY2025-26

'A better approach to life'

Student's Wellbeing

Ms. Mahwish Idrees

Student wellbeing can be broadly defined as a student's overall development and quality of life. Wellbeing is a holistic term that encompasses all aspects of a student's life, including their physical, social, mental and emotional state. A student's wellbeing can change from day to day, month to month and year to year.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Poor mental health makes us more vulnerable to certain physical health problems. A good mental health:

- Helps you gain a better understanding of emotions, and identify roadblocks and obstacles to optimal mental health.
- Helps you overcome anxiety and insecurities, cope with stress, and a greater sense of inner peace.
- Develop communication and interpersonal skills, greater self-acceptance and self-esteem.
- Helps you better express and manage emotions, including anger relief from depression, anxiety or other mental health conditions.
- Increase confidence and decision-making skills
- Ability to manage stress effectively and improve academic achievements.
- Overcome challenges, build relationships, and recover from life's setbacks and hardships.

1. Psychological Wellbeing

Purpose:

To provide comprehensive mental health support to students and staff, ensuring a safe and inclusive academic environment.

Guidelines:

- Established an on-campus counseling center with qualified professionals for confidential psychological support.

- Organize training for faculty and staff to recognize mental health challenges and refer students for support.
- Conduct awareness programs on mental health, stress management, and emotional resilience.
- Implement crisis intervention protocols for students facing severe psychological distress.
- Maintain detailed records of counseling sessions and support services while ensuring confidentiality.
- Collaborate with local mental health organizations for additional resources and support, eg: RAK Hospital's Psychology Department

2. Social Wellbeing

Purpose:

To establish a culture of inclusivity, respect, and engagement among students and staff.

Guidelines:

- Promote anti-bullying and anti-harassment awareness with clear reporting and disciplinary procedures.
- Organize student engagement activities, cultural events, and social integration programs.
- Implement peer mentoring and buddy programs to support student interaction in class sessions
- Promote respect for diversity and inclusion in all university activities.
- Establish a complaints and grievance redressal mechanism.
- Maintain documentation of social events, inclusion programs, and incident reports for review.

3. Physical Wellbeing

Purpose:

To encourage a healthy lifestyle and ensure safe, well-maintained campus facilities.

Guidelines:

- Provide access to on-campus healthcare services, including medical checkups and emergency care.
- Maintain sports and recreational facilities to promote physical fitness.

- Implement wellness programs, including fitness challenges, yoga sessions, and nutritional guidance.
- Ensure compliance with UAE safety regulations for campus infrastructure and emergency preparedness.
- Keep records of health services provided, fitness participation, and campus safety measures.

4. Intellectual Wellbeing

Purpose:

To support students in their intellectual and academic growth while ensuring a balanced workload.

Guidelines:

- Encourage critical thinking and creativity through workshops, research opportunities, and innovation hubs.
- Ensure academic workload policies align with student well-being principles.
- Offer flexible learning options and study support resources.
- Promote faculty-student mentorship programs for postgraduate
- Document academic workshops, mentorship sessions, and student feedback.

5. Continuous Education and Lifelong Learning

Purpose:

To enhance student competencies and career readiness through lifelong learning opportunities.

Guidelines:

- Organize professional development workshops, training, and career counseling sessions.
- Facilitate internship and apprenticeship opportunities in collaboration with industry partners.
- Conduct career fairs and networking events for student employability enhancement.
- Provide support for postgraduate academic pursuits, including scholarships and guidance.

6. Digital Wellbeing

Purpose:

To ensure responsible use of technology while safeguarding student data and online safety.

Guidelines:

- Educate students on healthy screen time management and cyber safety.
- Provide secure digital platforms for learning and communication.
- Establish protocols for reporting digital harassment and cyber threats.

7. Environmental Wellbeing

Purpose:

To create a sustainable, clean, and productive campus environment.

Policy Guidelines:

- Implement waste management and recycling initiatives.
- Promote energy conservation and eco-friendly campus practices.
- Encourage students to participate in sustainability projects.
- Ensure compliance with UAE environmental regulations for educational institutions.
- Maintain green spaces and sustainable infrastructure within the campus.
- Keep records of sustainability initiatives, environmental audits, and student participation.

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CAREER GUIDANCE AY2025-26

Dr. Devika Ramachandran

Career development is a lifelong process. There are a number of factors that influence career development, including your interests, abilities, values, personality, background, and circumstances. Career Counselling is a process that will help students to know and understand themselves and the world of work in order to make career, educational, and life decisions.

Career counsellor will:

- Help you figure out who you are and what you want out of your education and your career
- Be someone for you to talk to about your thoughts, ideas, feelings, and concerns about your career and educational choices, who will help you sort out, organize, and make sense of your thoughts and feelings.
- Help you to identify the factors influencing career development, and help to assess interests, abilities, and values.
- Help to develop communicative skills, interview skills, CV writing, Research skills etc.
- Help to locate resources and sources of career information.
- Help to determine next steps and develop a plan to achieve your goals through various workshops, career fair etc.
- Helps to ensure Academic planning, Internship opportunities and placements.
- Meet Industry experts and conduct interactive sessions/workshops.

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ACADEMIC PROGRAMME VALIDATION AND APPROVAL PROCESS AT UGMACERAK

All academic programs offered by UGMACERAK undergo a rigorous validation and approval process by both the main campus and RAK DOK. The validation process takes place in two stages:

1. **Programme Approval Process (PDR)**– This stage involves the initial validation of a programme for UGMACERAK.
2. **Periodic Review and Re-approval (PRR)**– This ensure that programmes remain aligned with updates made by the main campus.

Initial Programme Validation Process

For first-time validation, UGMACERAK submits a proposal to the main campus. This proposal adheres to RAK DOK policies regarding programme requirements and regional benefits for the UAE, supported by market research data.

The main campus verifies the proposal against its **Programme Approval Criteria**. During this process, a **Proposal Development Record (PDR)** is created—a virtual folder containing all evidence related to programme design, development, and approval. Key participants in the process have access to submit relevant documentation.

The **PDR folder** serves as the formal record of programme approval, containing all final programme documents. Meetings are scheduled throughout the approval process and attended by representatives from both the main campus and UGMACERAK.

Stakeholder Consultations

To ensure the programme meets students' needs and market demands, UGMACERAK conducts:

- **Student Consultations** – Meetings with existing and prospective students, with findings documented in a **Student Consultation Form**.
- **Employer/Consultant Consultations** – Meetings with industry employers and consultants, with reports submitted to the main campus.

Alignment with RAK DOK Policies

As per **RAK DOK Policies**, academic programs must adhere to the same academic standards, quality benchmarks, and content as the main campus. UGMACERAK submits all programme documents to ensure alignment. The main campus validates all PDR documents, followed by a **final validation meeting**.

Once the programme is approved, the **Chair signs off** on the approval.

Final Approval by RAK DOK

After main campus approval, programme details are submitted for **RAK DOK approval**. A programme can only be offered to students after receiving approval from RAK DOK.

Programme Approval Documentation and Guidance for MSC Ai programme can be found via the following link Moodle page link: - <https://moodle.greatermanchester.ac.uk/course/view?id=33958>

id=33958

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REFUND POLICIES FOR STUDENTS (AY2025-26)

1. General Guidelines

- 1.1. **Application and Registration Fees** are strictly **non-refundable** under any circumstances.
- 1.2. Refund requests must be **submitted in writing** with supporting documents and the original payment receipts.
- 1.3. Refunds will only be processed at the **end of the academic year** upon verification of the request.
- 1.4. All **cheques must be cleared** before processing a refund. Any outstanding dues will be deducted from the refundable amount.

2. Tuition Fee Refund

- 2.1. The following refund structure applies based on the date of withdrawal or suspension:

| Date of Withdrawal/Suspension | Refundable Amount |
|---|---------------------------|
| Before completion of 2nd week from commencement date | 50% of tuition fee |
| Before completion of 3rd week from commencement date | 25% of tuition fee |
| Before completion of 4th week from commencement date | No Refund |

- 2.2. If a student **withdraws after the 4th week**, no refund will be granted.
- 2.3. If a student is **suspended due to misconduct**, tuition fees will **not** be refunded.

3. Special Fees & Services

- 3.1. **Transportation Fees & Visa Fees:** These fees are separate from tuition fees and must be settled before availing of the services. They are **non-refundable** after commencement.
- 3.2. **Exam Fees:** These fees are charged based on individual programme requirements and must be cleared as per the student's need. No refunds will be processed for exam fees once paid. Examination fees is charged for all students on an annual basis which is directly transferred to UGM UK account.

4. Payment & Processing

- 4.1. Refunds will be processed via **cheque or bank transfer** in the student's name.
- 4.2. Processing time may take up to **30 days** from the date of approval.
- 4.3. A penalty of **AED100 per cheque** will be charged for all bounced cheques.

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UGMACERAK STAFF APPRAISAL POLICY AY2025-26

SCOPE

This policy applies to all staff at University of Greater Manchester, Academic Centre- Ras Al Khaimah (UGMACERAK).

POLICY STATEMENT:

The staff appraisal policy at the UGMACERAK. aims to foster a culture of continuous improvement, provide feedback and recognition, and support professional development for all staff members. It serves as a platform to recognize positive performance and work place behaviours, to identify and apply appropriate corrective measures to address any concerns impacting the employee's ability to meet the established performance expectations.

All staff at UGMACERAK are expected to receive an annual written Performance Appraisal. If an employee has been with UGMACERAK for less than six months at the time of appraisals, a written Performance Appraisal may not be required. However, it is expected that these employees will receive regular feedback on their performance until the next appraisal cycle.

OBJECTIVES OF THE PERFORMANCE APPRAISAL:

The annual Performance Appraisal at UGMACERAK serves the following purposes:

- Align annual individual goals with university goals.
- Provide feedback on progress made against goals.
- Promote improvement in individual performance ensuring growth of employee and the organization.
- Encourage and support continued professional development.
- Provide insights for necessary updates to Job Description Questionnaires.
- Inform decisions regarding annual merit increments.

APPRAISAL PROCESS:

1. Timing: Appraisals should be conducted annually, or at a frequency determined by the university, taking into consideration the needs and resources of the organization.
2. Appraisers: Appraisals are typically conducted by the immediate supervisor or manager of the staff member being appraised based on the guidelines provided by HR.

3. Self-Assessment: All employees are encouraged to submit a self-appraisal prior to the appraisal meeting. The document is expected to include a summary of contributions, assessment of progress towards established goals, and areas of improvement and/or development. KPIs for faculty evaluation are provided in the staff appraisal form. Refer to the Staff appraisal form.
4. Performance Evaluation: During the appraisal meeting, the appraiser evaluates the staff member's performance, considering factors such as job responsibilities, core competencies, professional development, and any specific performance goals set during the previous appraisal. The staff appraisal at UGMACERAK will be recorded on staff appraisal form.
5. Feedback and Discussion: The appraisal meeting provides an opportunity for open and constructive dialogue between the appraiser and the staff member. Strengths, areas for improvement, and development opportunities are discussed, and feedback is provided. The written appraisal can be given to the staff member before, during, or after this meeting. Upon receipt of the written appraisal, the staff member will be allowed at least two business days to review it before responding to or signing the appraisal. The staff member will have the opportunity to include a response to the appraisal that will become part of the official documentation.
6. Performance Appraisals are expected to include a plan of work, also known as goals and objectives, and/or written expectations.

At the beginning of each performance year: Appraiser and the staff member must work together to develop the plans of work, goals and objectives, and/or expectations that align with university/department goals. Timing of developing these plans should coincide with the determination of university/department goals for that upcoming year. These plans, goals, and/or expectations must be included as expectations to be assessed on the next evaluation.

7. Documentation: The final appraisal, including all related documents and appropriate signatures must be forwarded to Human Resources in accordance with the pre-established timeline. The appraiser must provide the staff member with a copy of all final appraisal documentation.
8. According to the policy, if a staff member receives a rating of 1 or 2 overall on their performance appraisal, they must receive performance documentation. This documentation can take the form of a Performance Improvement Plan (PIP), a written warning, or it can be outlined in the employee's plan of work/goals and objectives for the next performance year.

9. Training: According to the policy, training for the employee based on the review which reveals weakness and potential improvement, and therefore provide training to the employee excel in his/her work.
10. Reports: Upon completion of the performance appraisal process and cycle by all divisions, Human Resources (HR) will compile an annual report. This report will include statistical data related to Staff Performance Appraisals from the respective performance year. The report will provide valuable insights and overview of the overall staff performance within the organization.

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STAFF APPRAISAL FORM

| |
|------------|
| Name: |
| Job title: |

Appraisals provide employees with the opportunity to have a formal discussion with their manager about how they have performed in their job. It is a time to talk about:

- How well you have performed and whether you have achieved all of your targets.
- Things that might have stopped you from achieving your targets.
- What you think went well.
- What you think your targets might be for the coming year.
- What kind of training and development you need to do.

The purpose of the Appraisal is that you:

- Receive constructive feedback.
- Know exactly what is expected from you and where you may need help achieving this.
- Have the opportunity to discuss and agree your work and related targets.

It is very important for each employee to go through the same process, not only is this fair, but also makes sure that all staff members have a clear picture of where we are and what we need to do to build upon this in the future.

To make the most of your Appraisal you will need to prepare for it, be honest and be positive about it.

Consider:

- Individual training needs (Mandatory training - Safeguarding/ Health and Safety, any other training to help you meet your roles and responsibilities.
- Knowledge, understanding and practice of the Specific areas/ Key Person role/ characteristics of effective learning/ learning and development/ safeguarding/ ratios/ policies and procedure/ health and safety/ equal opportunities/ special educational needs/ etc.).
- Information identified through peer observations (strength and areas for development).

- Positive interactions with students/parents/ colleges.
- Feedback at supervisions/evaluations/ colleges/ students

For Employee

This section needs to be completed and returned to your manager **at least one week** before your Appraisal. Self-assessment is very important. By completing it, you are effectively setting the agenda for the discussion. KPIs for faculty evaluation are provided at the end of this document.

What has gone well in respect of your targets over the last year?

Previous Targets/ Objectives:

Please identify any achievements during the last 12 months (training accessed, qualifications, knowledge and skills developed, etc.)

Areas for development. Why?

- Any targets/ objectives not fully achieved? Why?
- Any factors/conditions affecting your ability to deliver against these objectives.
- What was under the employee's direct control? What was not?

What do you consider to be your targets for the coming year?

| | Signature | Print name | Date |
|----------|---|---|---|
| Employee | <div style="border: 1px solid black; width: 100%; height: 40px;"></div> | <div style="border: 1px solid black; width: 100%; height: 40px;"></div> | <div style="border: 1px solid black; width: 100%; height: 40px;"></div> |

For Line Manager

What has gone well in respect of the employee targets over the last year?

Previous Targets/ Objectives:

Please identify any achievements during the last 12 months (training accessed, qualifications, knowledge and skills developed, etc.)



Areas for development. Why?

- Any targets/ objectives not fully achieved? Why?
- Any factors/conditions affecting employee's ability to deliver against these objectives.
- What was under the employee's direct control? What was not?

What do you consider to be your employee's targets for the coming year?

Signature

Print name

Date

Manager

For Line Manager and Employee

Discuss and agree targets for the next 12 months period, identifying any training and support required.

Targets/ Objectives:

Links with job description

Training/Support required to meet your job role/ targets.

Agreement

We have fully discussed, agreed and set these targets for the next 12months.

| | Signature | Print name | Date |
|----------|----------------------|----------------------|----------------------|
| Employee | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Manager | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Director | <input type="text"/> | <input type="text"/> | <input type="text"/> |

For Employee

Track progress (Yearly review)

How well am I progressing against my targets?

- **What is going well? What needs attention? Has anything changed? Do I need help or support?**

Targets/Objectives:

Training/Support accessed or required:

Agreed review date:

Faculty Evaluation Based on Key Performance Indicators (KPI)

Introduction: Faculty evaluation is a critical process to assess teaching effectiveness, research contributions, administrative duties, and student engagement. This document outlines the Key Performance Indicators (KPIs) used to evaluate faculty performance.

| Category | KPI | Weightage (%) | Description |
|---|---------------------------|---------------|--|
| A. Teaching Effectiveness | Student Feedback | 10 | Average student rating from course evaluations. |
| | Curriculum Development | 5 | Contribution to course design, syllabus updates, and development of new modules. |
| | Student Success Rate | 5 | Pass percentage, grade improvement, and engagement in academic support initiatives. |
| B. Research and Scholarly Activities | Publications | 10 | Number of peer-reviewed journal papers, conference proceedings, and book chapters published. |
| | Research Grants | 10 | Securing funding for research projects from internal/external sources. |
| | Conference Presentations | 5 | Participation in national and international conferences. |
| C. Professional and Administrative Contributions | Committee Involvement | 10 | Participation in institutional committees, accreditation, and policy development. |
| | Student Supervision | 5 | Guiding student projects, internships, and thesis research. |
| | Institutional Development | 10 | Contribution to strategic initiatives and program accreditation processes. |
| D. Community Engagement | Industry Partnerships | 10 | MoU's, industry projects, and consultancy services. |

| | | | |
|---|--|----|--|
| and Industry Collaboration | Social Responsibility | 5 | Involvement in outreach programs, professional societies, and community service. |
| E. Continuous Professional Development | Certifications and Training | 10 | Participation in workshops, certification programs, and skill enhancement courses. |
| | Conference and Seminar Participation | 5 | Attending and organizing academic conferences and seminars. |

Total / Overall score: (out of 100)

Evaluation Process

1. Annual Performance Review - Faculty members submit a self-assessment report with supporting documents.
2. Peer Review and Department Head Assessment - Input from colleagues and supervisors for a holistic review.
3. Final Scoring and Feedback - KPIs are aggregated, and constructive feedback is provided to faculty members.
4. Improvement Plan - Faculty with areas needing development are encouraged to create a professional growth plan.

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STAFF CODE OF CONDUCT AY2025-26

The code was developed for the benefit of learners, employers, the profession and the wider community. It is a belief that our service should never subordinate student convenience in favor of the needs of the institution or the people who work here. Staff must adhere to the Code of Conduct and maintain a high standard of professional behavior in the following aspects:

- Integrity
- Respect
- Care
- Practice
- Disclosure
- Responsibility
- Professional Conduct
- Prohibited Conduct
- Dress Code

Behavior 1: Professional integrity

Employees shall:

- Meet their professional responsibilities consistent with the Organization's professional values including the Organization's policies relating to conflict of interests.
- Use reasonable professional judgement when discharging differing responsibilities and obligations to learners, colleagues, institutions and the wider profession.
- Uphold the reputation of the profession by never unjustly or knowingly damaging the professional reputation of another, or furthering one's own position unfairly at the expense of another.
- Comply with all reasonable assessment and quality procedures and obligations.
- Uphold the standing and reputation of the Organisation and not knowingly undermine or misrepresent its views, its employees or any qualification.
- Ensure that agreements made with students are within their remit (or have the authority of the appropriate manager) and that these agreements are afforded without bias.

Behavior 2: Respect

Employees shall at all times:

- Respect the rights of learners and colleagues by relevant legislation and organisation requirements including compliance with Organizational

policies relating to student interaction.

- All communications with students will be of an impersonal, formal nature and free from bias, prejudice, discrimination or inappropriate language.
- Act in a manner that recognizes diversity as an asset and does not discriminate in respect of race, gender, disability and/or learning difficulty, age, sexual orientation or religion/belief.

Behavior 3: Reasonable care

Employees shall take reasonable care to ensure the safety and welfare of learners and comply with relevant statutory provisions to support their well-being and development.

Employees will ensure that feedback given to students is constructive, and solely intended for the improvement of the students and the benefit of their future studies.

Behavior 4: Professional practice

Employees shall commit to the Organization's Staff Development Policies and shall comply with the CPD policies of external institutes to maintain their professional membership/status if the aforementioned is a requirement of their employment contract or visa.

Behavior 5: Criminal offense disclosure

Employees shall notify the Organisation as soon as practicable after cautioning or conviction for a criminal offense. The Organisation reserves the right to act on such information through its disciplinary process.

Behavior 6: Responsibility during investigations

Employees shall use their best endeavors to assist in any investigation and shall not seek to dissuade, penalize or discourage a person from bringing a complaint against another, interfere with, or otherwise compromise due process.

Behavior 7: Responsibility to the Organisation

Employees shall at all times act by the Organization's conditions of employment, which will be subject to change from time to time.

Five sanctions can be applied to employees who breach the code of professional practice:

- A reprimand (warning)

- Demotion with accompanying salary adjustment
- A suspension order pending investigation
- An improvement notice
- Dismissal

Behavior 8: Professional Conduct

Employees shall at all times act by the Organization's Professional Conduct and must

- Act as role models, demonstrating respect, integrity, honesty, tolerance and equality through their personal and professional actions.
- Create a safe, inclusive, and supportive learning environment for students.
- Uphold the values and policies of the IBC, including safeguarding and wellbeing protocols.
- Communicate effectively and respectfully with students, parents, and colleagues.
- Maintain confidentiality regarding student and IBC-related matters.

Behavior 9: Prohibited Conduct

Employees shall at all times act by the Organization's behaviors which are strictly prohibited:

- Discrimination, harassment, violence, bullying, and any other offensive behavior of students, parents, or colleagues.
- Any form of physical or verbal abuse.
- Share incorrect information, unreliable news or rumors with students.
- Breaching confidentiality of student or IBC information.
- Failure to report concerns related to student safety or well-being.
- Engaging in inappropriate relationships with students or compromising professional boundaries.
- Engaging in discussions of any actions that contradict the revealing laws, customs, & traditions of UAE.
- Actions that harm the reputation of the IBC and its students /employees.
- Accepting gifts/ financial participation from students and their families on or off the IBC campus and providing favoritism, nepotism, and unfair preference.

Behavior 10: Dress Code

Employees shall at all times act according to the Organization’s dress code policy and must aligned with the following aspects:

- Staff must maintain a professional appearance that reflects respect for the institution's standards and the UAE's cultural expectations.
- Outfits should be appropriate for the educational setting and respectful of the diverse cultural environment.
- Avoid wearing clothing that reveals the midriff, back, chest and/ or above knees.
- Avoid wearing clothes with offensive slogans or pictures, offensive gestures, or suggestive cartoons.
- Avoid wearing clothes with political slogans, offensive words, and graphic buttons.

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NETWORK SECURITY AND PRIVACY AT UGMACERAK

This is a brief document covering our strategies and policies we employ in order to safeguard our IT Infrastructure, data and network.

Wi-Fi

This Privacy Policy outlines how we collect, use, disclose, and protect the personal information of users accessing the Wi-Fi network provided by UGMACERAK on the campus premises. We are committed to respecting and safeguarding our users' privacy rights.

1. Information Collection and Usage

1.1 Information we collect

When accessing and using our Wi-Fi network, we may collect the following types of information:

- a. **Device Information:** We may collect information about the devices used to connect to the Wi-Fi network, such as IP addresses, MAC addresses, device identifiers, and technical details necessary for network operation.
- b. **Network Usage Data:** We may collect information about network usage, including but not limited to session duration, bandwidth usage, websites visited, and data transferred.

1.2 Usage of Information

We may use collected information for the following purposes:

- a. **Network Management:** To ensure proper functioning and security of the Wi-Fi network, we may monitor network traffic, troubleshoot issues, and enforce network policies.
- b. **Network Improvement:** Aggregated and anonymized data may be analysed to improve network performance, optimize resources, and enhance user experience.

2. Data sharing and disclosure

2.1 Third-Party Service Providers

We may engage trusted third-party service providers to assist us manage and operate the Wi-Fi network. These providers include:

- a. UniFi AP: We utilize UniFi Access Points to provide wireless network connectivity across the campus. UniFi AP devices may collect device information, such as MAC addresses and signal strength, to ensure seamless connectivity and optimize network performance.
- b. UniFi Firewall: Our network security is enhanced through the use of UniFi Firewalls. UniFi Firewalls help protect against unauthorized access, malicious activities, and potential security threats. These devices may

collect network traffic data for the purpose of identifying and mitigating security risks.

- c. Cisco Switches: We employ Cisco switches to enable reliable and efficient data transmission within the network infrastructure. Cisco switches may collect device information, such as MAC addresses and network port activity, to facilitate network management, troubleshooting, and performance optimization.
- d. Etisalat: Our internet service provider (ISP). Etisalat facilitates the connectivity between our campus network and the wider internet. As part of their service, Etisalat may collect certain network data, such as IP addresses and bandwidth usage, to ensure the proper functioning and delivery of internet services.

2.2 **Legal Requirements**

We may disclose personal information if required to do so by law, or in good faith that such action is necessary to:

- a. Comply with legal obligations, court orders, or governmental requests.
- b. Protect the rights, safety, or property of UGMACERAK, its users, or the public.

3. **Data Security**

We implement industry-standard security measures to protect personal information from unauthorized access, loss, misuse, alteration, or destruction. However, no data transmission or storage method is entirely secure, and we cannot guarantee absolute security and data protection.

4. **Data Retention**

We will retain personal information for as long as necessary to fulfil the purposes outlined in this Privacy Policy, unless a longer retention period is required or permitted by law.

5. **Cybersecurity Strategies**

5.1 **Physical Isolation:**

We have implemented physical isolation measures to ensure the security of our staff network. This involves separating the staff network from the student network, thereby minimizing the potential for unauthorized access or security breaches.

5.2 **Network Segmentation:**

Our staff network contains all the servers and is designed to be separate from other networks. This segregation helps protect sensitive information and restricts access to authorized personnel only.

5.3 **Active Directory and Protected Folders:**

We utilize Active Directory to manage user accounts and access permissions within staff network. This centralized authentication system allows us to

control user access and ensure that only authorized individuals can access sensitive files and folders.

Additionally, we have implemented appropriate permissions on these protected folders and files. Access rights are assigned based on the principle of least privilege, ensuring that users have access only to the information necessary for their roles and responsibilities. Access and permissions are audited for the purpose of tracking and trail.

1.1 MAC Address Authentication:

To further enhance security, we may implement MAC address-based authentication for staff devices. This means that only devices with pre-registered MAC addresses are allowed to connect to our network. By sharing these MAC addresses with the IT team, we ensure that only trusted devices can authenticate and gain access to our network resources.

1.2 Regular Security Assessments:

We conduct regular security assessments and audits to identify vulnerabilities and address them proactively. This includes penetration testing, vulnerability scanning and monitoring of network activities to detect any unusual behaviour or potential threats.

1.3 Staff/Faculty Awareness and Training:

We conduct regular employee awareness and training relating to cybersecurity best practices. Regular training sessions are offered to educate staff members about potential risks, phishing attacks, password hygiene, and safe online behaviour. We empower our staff to actively contribute to our overall cybersecurity posture by promoting a security-conscious culture.

1.4 Incident Response Plan:

In the event of a security incident, we have an established incident response plan. This plan outlines the necessary steps to mitigate and contain the incident, minimize the impact on our systems and data, and restore normal operations as quickly as possible. Regular drills and tabletop exercises are conducted to ensure the effectiveness of the plan.

1.5 Antivirus and Antimalware Protection:

We employ Total 360 Security as our antivirus and antimalware protection solution. This software is regularly updated to defend against known threats and provides real-time scanning and monitoring of our systems for any malicious

activities. It helps safeguard our network and devices from malware, viruses, and other forms of cyber threats.

1.6 Automated OS Updates:

We have automated our systems to run weekly operating system (OS) updates. By ensuring that our systems are up-to-date with the latest security patches and bug fixes, we minimize vulnerabilities and protect against known exploits. This proactive approach helps maintain the integrity and security of our network infrastructure.

5.4 **VPN for Remote Staff:**

We provide a Virtual Private Network (VPN) to our staff members who work remotely. The VPN creates a secure encrypted tunnel between their devices and our network, ensuring that all data transmitted between them remains confidential and protected. This increased protection helps safeguard sensitive information and prevents unauthorized access, even when staff members are accessing our network from external locations.

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TRANSPORTATION SAFETY POLICY FOR BUS STUDENTS (AY25-26)

1. Purpose

The purpose of this policy is to ensure the safe, efficient, and responsible transportation of students using UGMACERAK bus services. This policy outlines the safety measures, responsibilities, and code of conduct for all passengers.

2. General Safety Guidelines

- The transportation service will comply with all local traffic laws and safety regulations.
- Buses will be maintained regularly to ensure roadworthiness.
- Drivers will be licensed, experienced, and trained in safe driving practices.
- The institution will conduct periodic safety drills and awareness programs for students.

3. Student Responsibilities

- Students must arrive at the designated pick-up point on time to avoid delays.
- Seat belts (if available) must be worn at all times while the bus is in motion.
- Students must remain seated and avoid standing or moving around while the bus is moving.
- Loud noises, disruptive behavior, and distractions to the driver are strictly prohibited.
- No littering, vandalism, or damage to the bus or its equipment. Any damage caused will be charged to the responsible student.

4. Code of Conduct & Disciplinary Actions

- Any misconduct, including bullying, harassment, or reckless behavior, will lead to disciplinary action.
- Repeated violations of safety rules may result in suspension or termination of transport privileges without a refund.
- The institution reserves the right to review and enforce additional safety rules as needed.

5. Pick-Up & Drop-Off Safety

- Students must use only the assigned pick-up and drop-off locations.
- The bus will not wait for late arrivals beyond a reasonable grace period of 3 minutes.
- Students must wait in a safe location away from traffic while waiting for the bus.
- When disembarking, students must check for oncoming traffic before crossing any roads.

6. Emergency Procedures

- In case of an accident or breakdown, students must remain calm and follow the driver's instructions.
- Emergency exits must only be used in case of a real emergency.
- The transport service provider will have a protocol in place to contact emergency services if needed.

7. Reporting Concerns

- Students are encouraged to report any safety concerns or violations to the transport coordinator.
- Complaints regarding driver behavior, bus conditions, or route concerns should be formally submitted to the administration.

For direct queries, please contact the Transport Coordinator Mr. Nithin Nazimuddin- +971 56 971 1835

Review history

| | |
|-------------------------|-----------------------|
| <i>Last Updated:</i> | <i>November 2025</i> |
| <i>Reviewed on</i> | <i>November 2025</i> |
| <i>Next review Date</i> | <i>September 2026</i> |



TRANSPORTATION POLICY FOR STUDENTS (AY2025-26)

1. Eligibility & Enrollment

- 1.1. Transport services are available only to **students enrolled in an academic programme** at the institution.
- 1.2. Students must complete the **Transport Requisition Form** and submit it before the start of the semester.
- 1.3. Transportation services are available on a **semester basis** only.
- 1.4. Transportation services are available for students from Dubai, Sharjah, Ajman, UAQ, Fujairah & RAK.

2. Payment & Fees

- 2.1. The transportation fee must be paid **before the start of the semester** in order to avail of the service.
- 2.2. Payment is required on a semester basis; installment plans are not available.
- 2.3. Students who fail to pay or make satisfactory payment arrangements **will not be allowed** to use transport services.
- 2.4. The applicable charges (inclusive of a 5% VAT) per semester are provided in the **Transport Requisition Form**.

3. Pick-Up & Drop-Off Regulations

- 3.1. Students must select a **designated pick-up/drop-off point** when filling out the requisition form.
- 3.2. Due to road congestion and operational efficiency, pick-up/drop-off points **may not be exactly at a student's residential address**.
- 3.3. Any **change in pick-up/drop-off location or schedule** must be informed **before the start of the succeeding month**.

4. Service Conditions

- 4.1. The transport facility may be provided by the university or through an **outsourced transport provider**.
- 4.2. Transport services are **not available on a daily or ad-hoc basis**—only semester-long subscriptions are permitted.
- 4.3. The transport schedule must align with the academic calendar and class schedules.

5. Cancellation & Modifications

- 5.1. If a student wishes to discontinue transport services, they must notify the university **at least one month in advance**.
- 5.2. Refunds are not applicable once transportation services have commenced for the semester.
- 5.3. In case of unavoidable route or schedule changes, the institution will inform affected students in advance.

6. Code of Conduct

- 6.1. Students must adhere to proper conduct and discipline while using transport services.
- 6.2. Any misconduct, vandalism, or rule violation may lead to **termination of transport privileges** without a refund.

For direct queries, please contact the Transport Coordinator Mr. Nithin Nazimuddin- +971 56 971 1835

Review history

| | |
|-------------------------|-----------------------|
| <i>Last Updated:</i> | <i>November 2025</i> |
| <i>Reviewed on</i> | <i>November 2025</i> |
| <i>Next review Date</i> | <i>September 2026</i> |



TRANSPORTATION SAFETY POLICY FOR STAFF (AY25-26)

1. Purpose

The purpose of this policy is to ensure the safe, efficient, and responsible transportation of staff using UGMACERAK bus services. This policy outlines the safety measures, responsibilities, and code of conduct for all passengers.

2. Staff Responsibilities

- Staff members must arrive at the designated pick-up point on time to avoid delays.
- Seat belts (if available) must be worn at all times while the bus is in motion.
- Staff must remain seated and avoid standing or moving around while the bus is moving.
- Loud noises, disruptive behavior, and distractions to the driver are strictly prohibited.
- No littering, vandalism, or damage to the bus or its equipment. Any damage caused will be charged to the responsible individual.
- Staff are responsible for monitoring students and resolving conflicts during transit.
- Any incidents or concerns regarding student behavior must be reported to the Transport Coordinator.

3. Code of Conduct & Disciplinary Actions

- Any misconduct, including harassment, reckless behavior, or non-compliance with safety rules, will lead to disciplinary action.
- Repeated violations may result in suspension or termination of transport privileges.
- The institution reserves the right to review and enforce additional safety rules as needed.

4. Pick-Up & Drop-Off Safety

- Staff must use only the assigned pick-up and drop-off locations.
- The bus will not wait for late arrivals beyond a reasonable grace period of 3 minutes.
- Staff must wait in a safe location away from traffic while waiting for the bus.
- When disembarking, staff must check for oncoming traffic before crossing any roads.

5. Emergency Procedures

- In case of an accident or breakdown, staff must remain calm to handle students & their guardians and follow the driver's instructions.
- Emergency exits must only be used in case of a real emergency.
- The transport service provider will have a protocol in place to contact emergency services if needed.

6. Reporting Concerns

- Staff are encouraged to report any safety concerns or violations to the transport coordinator.
- Complaints regarding driver behavior, bus conditions, or route concerns should be formally submitted to the administration.

For direct queries, please contact the Transport Coordinator Mr. Nithin Nazimuddin- +971 56 971 1835

Review history

| | |
|-------------------------|-----------------------|
| <i>Last Updated:</i> | <i>November 2025</i> |
| <i>Reviewed on</i> | <i>November 2025</i> |
| <i>Next review Date</i> | <i>September 2026</i> |

EMERGENCY MANAGEMENT & EVACUATION PLAN

Effective Date: March 2026

In Compliance with: RAK DOK IBC Emergency Management & Evacuation Policy

1. Purpose and Commitment

This Emergency Management Plan sets out how the University of Greater Manchester, Academic Centre - RAK will prepare for, respond to and recover from emergencies affecting people, property, transport operations, academic continuity and organised activities. The plan is intended to protect students, staff, contractors and visitors while supporting a coordinated, calm and compliant response.

The plan has been structured to align with the Ras Al Khaimah Department of Knowledge requirements for International University Branch Campuses. It covers evacuation, lockdown, shelter-in-place, communication, student accounting, student reunification, transport management, staff training, incident reporting and annual review arrangements.

2. Scope

This plan applies to all campus buildings and facilities used by the Academic Centre, all teaching and administrative areas, laboratories, libraries, shared spaces, transport services operated for students, and all staff-led off-site activities.

It applies to all students, staff, contractors, visitors and service providers present on campus or participating in university activities where the Academic Centre retains a duty of care.

3. Emergency Management Objectives

- Protect life and reduce harm
- Enable rapid, orderly and accountable response actions
- Maintain clear communication with students, staff, parents where applicable, transport providers and authorities
- Support students of determination and any person requiring additional assistance
- Restore teaching and essential operations as safely and efficiently as possible
- Meet all notification, drill, record-keeping and review requirements.

4. Definitions

| Term | Definition |
|--------------------------------------|---|
| Emergency | Any event that poses an immediate threat to the safety of students, staff, visitors, facilities or essential services, including fire, structural failure, hazardous material incident, security incident or utility failure. |
| Evacuation | The orderly movement of people from an unsafe location to a designated safe assembly area. |
| Lockdown | The securing of campus spaces due to a security threat within or near the campus. |
| Out of sight | Positioning people away from windows, doors, hallways and visible lines of sight so they cannot be seen by a threat actor or external hazard. |
| Shelter-in-place | Remaining inside a building because external conditions make evacuation unsafe. |
| Emergency Response Team (ERT) | The designated campus team responsible for emergency coordination, decision-making and communication. |

5. Document Control and Review

| | |
|-----------------------|---|
| Document title | UGMACERAK Emergency Management & Evacuation Plan |
| Institution | University of Greater Manchester, Academic Centre - RAK |
| Policy driver | RAK DOK International University Branch Campus Emergency Management and Evacuation Policy |

| | |
|-------------------------|--|
| Plan owner | Dr Raj Nambiar- Campus Director |
| Review frequency | Annually and after any major incident, significant near miss or drill review |

6. Governance and Emergency Response Team

The campus shall maintain an Emergency Response Team with named deputies for each role. The final issued plan should include the latest names, direct numbers and alternates. A suggested structure is provided below.

| Role | Core responsibility | Primary holder | Contact |
|---|---|---|--|
| Campus Director / President | Overall emergency leadership, authority liaison and decision-making | Dr. Raj Nambiar | +971 56 197 2727 |
| Operations Manager or equivalent | Evacuation coordination, site access, infrastructure checks and assembly area control | Mr. Rajeesh Ms. Gemma Mr. Fazal | +971 55 693 6447 +971 50 451 3966 +971 56 878 7969 |
| Health and Safety / Compliance Officer | Safety procedures, hazard assessment, incident logging and drill assurance | Mr. Abdi Hubsey Mr. Nithin Ms. Najna | +971 50 195 7639 +971 56 971 1835 +971 50 389 4313 |
| Administration / Communications lead | Mass communication to students, staff, parents where relevant and RAK DOK liaison support | Ms. Sujata Mr. Abdi Hubsey Ms. Lekshmi Rajesh | +971 50 997 1264 +971 50 195 7639 +971 50 264 4740 |



| Role | Core responsibility | Primary holder | Contact |
|---|--|---|--|
| Transport Coordinator | Bus movement, relocation arrangements and transport provider liaison | Mr. Nithin | +971 56 971 1835 |
| Academic lead / teaching coordinator | Classroom accountability, lecturer coordination and teaching continuity | Programme Leaders/Academic Coordinators | +971 50 195 7639 +971 50 264 4740 |
| Student support / welfare lead | Support for distressed students, students of determination and reunification support | Ms. Mahwish Dr. Al Quiloppe | +971 50 243 2390 +971 55 226 0932 |
| Support lead for Students of determination and persons | Support for students of determination | Ms. Jamuna Mr. Bhavesh Kumar Ms Gemma (First Aid Trained) | +971 58 958 6735 +971 55 879 1609 +971 50 451 3966 |

7. Emergency contact directory

Emergency contacts shall be maintained in hard copy and digital form and reviewed whenever staffing or supplier details change. The statutory numbers below should appear in all controlled copies of the plan.

| Service / contact | Number | Notes |
|--------------------------|---------------|--|
| Police emergency | 999 | Immediate life-threatening or security emergencies |

| Service / contact | Number | Notes |
|--|--|--|
| Ambulance / emergency medical services | 998 | Medical emergencies and injury response |
| Fire / Civil Defence | 997 | Fire, explosion, gas leak, structural and rescue incidents |
| Electricity emergency | 991 | Power failure or electrical hazard |
| Water emergency | 992 | Water supply or water-related utility incident |
| Government helpline | 800555 | Government emergency support line |
| Police non-emergency | 901 | Non-urgent police assistance |
| Coast Guard | 996 | Relevant to coastal or water-related activities |
| RAK DOK emergency contact channel | Email: info@dok.rak.ae / Call: +971 7 208 9000 | Immediate notification after contacting emergency services |
| Campus security / reception | +971 7 2211 221 | Local internal response activation |

8. General activation and command principles

Any staff member identifying an immediate threat shall raise the alarm without delay and notify reception, security or a member of the Emergency Response Team.

The ERT lead on duty shall assess the situation, activate the relevant response mode and contact emergency authorities where required.

Instructions from Ras Al Khaimah Police, Civil Defence, emergency medical services or other competent authorities shall take precedence over campus procedures.

A written log of key times, decisions, communications and actions taken shall be maintained during and after the event.

9. Evacuation procedure

Evacuation shall be initiated where a building or area is unsafe, including in cases of fire, smoke, structural damage, hazardous material exposure, gas leak or other conditions requiring immediate withdrawal.

On hearing the alarm or instruction to evacuate, lecturers, invigilators and supervisors shall stop activities immediately, direct all occupants to the nearest safe exit and guide them to the designated assembly area using the posted evacuation routes.

Lecturers shall take the attendance register or equivalent live class list where it is safe to do so and perform a headcount at the assembly area. Missing persons shall be reported immediately to the assembly area coordinator or ERT.

No person shall re-enter the building until the all-clear is given by the competent authority or the designated campus incident lead.

10. Lockdown procedure

Lockdown shall be initiated when there is an actual or suspected security threat within or near the campus that makes movement unsafe.

During lockdown, classroom and office doors shall be locked where possible, occupants shall move out of sight away from windows and door vision panels, lights may be switched off and blinds closed if safe to do so, and everyone shall remain low, quiet and still.

No one shall enter or leave a secured room unless instructed by police or the authorised campus incident lead. Attendance shall be checked quietly and any urgent welfare issue shall be communicated discreetly to the ERT.

11. Shelter-in-place procedure

Shelter-in-place shall be used when conditions outside the building make evacuation unsafe, including severe environmental conditions or external security incidents.

Students and staff shall remain indoors, doors and windows shall be **controlled /closed** as appropriate, and movement between buildings shall stop until authorities confirm that normal activities may resume or alternative instructions are issued.

12. External explosion, falling debris or nearby security incident

Lecturers and staff shall immediately move students away from windows and glass surfaces and direct them to interior rooms or corridors away from external walls.

The Campus Director or delegate shall activate the ERT, contact emergency services and coordinate further action, including evacuation where the building is judged unsafe.

The campus shall follow the live instructions of emergency authorities at all times and maintain a clear record of actions taken.

13. Roles during an incident

| Function | Key actions | Records / outputs |
|-----------------------------------|---|---|
| Lecturers / teaching staff | Lead students by the correct route, carry register where safe, conduct headcount, report missing persons and maintain calm. | Attendance confirmation and missing person report |
| Reception / administration | Initiate communication cascade, support authority contact, control visitor information and maintain incident log. | Communication log and visitor accountability |
| Security / facilities | Open or control access as required, isolate hazards where safe, support route clearance and assembly area security. | Hazard status and site access log |
| Transport coordinator | Prepare buses for relocation or controlled release, communicate with drivers and confirm routes. | Vehicle status and movement record |

| Function | Key actions | Records / outputs |
|-----------------------------|--|--|
| Student support team | Assist distressed students, students of determination and communication needs; support reunification where relevant. | Support actions and welfare escalation notes |

14. Students of determination and persons requiring additional assistance

The campus shall maintain individualized emergency support arrangements for students of determination and any student, staff member or visitor who may need mobility, sensory, medical or communication support during an emergency.

Named staff shall be assigned to support each identified person during evacuation, lockdown or shelter-in-place. This shall include assistance with mobility equipment, medication access where appropriate, communication support and transfer to a place of safety.

Confidential support plans and checklists shall be reviewed regularly and staff assigned to these duties shall receive specific training.

15. Evacuation infrastructure and campus information

The campus shall maintain clearly marked emergency exits, evacuation route signage, designated assembly areas, fire alarm systems and emergency lighting.

Evacuation maps shall be displayed in classrooms, corridors, laboratories, cafeterias, administrative offices and other relevant areas. Final issue copies of this plan should include or append campus-specific evacuation maps and assembly point identifiers.

Facilities inspections shall confirm that escape routes remain unobstructed and that safety signage remains visible and up to date.

16. Student accounting procedures

- Use attendance registers, class lists or approved digital attendance records during evacuation or lockdown.
- Complete headcounts at assembly areas or safe rooms.
- Report missing students immediately to the ERT.

- Coordinate with emergency services where a search or medical intervention is required
- Record final accountability status before the incident is formally closed.

17. Communication protocol

Emergency communications may be delivered through SMS, the university communication platform including social media, official email, reception announcements, public address systems and direct staff instruction.

Messages shall be factual, concise and accessible to students in English. Communications should state the nature of the incident where appropriate, actions to take, the safety status of students and any operational changes.

The campus shall maintain procedures for students to notify the university if emergency circumstances prevent them from reaching campus.

18. Student reunification and controlled release

Where students must be released following an emergency, the campus shall use designated reunification or controlled collection areas appropriate to the student profile and nature of the incident.

Release arrangements shall be documented, supervised and communicated clearly to students and relevant contacts. Particular care shall be taken to avoid unmanaged movement back into unsafe areas.

19. Transport management

- Buses or contracted transport should be available for emergency relocation where required.
- Drivers must be briefed and trained on emergency procedures.
- Transport routes, holding locations and communication channels with providers must be clearly defined.
- The Transport Coordinator shall remain the single point of contact with transport providers during an incident.

20. Coordination with authorities and reporting to RAKDOK

The campus shall immediately coordinate with the relevant emergency authorities according to the nature of the incident and shall comply fully with the instructions issued by those authorities.

RAK DOK shall be notified immediately after emergency authorities have been contacted for significant incidents including injuries, fire, explosions or falling debris, bomb threats or suspicious objects, major evacuations, utility disruptions, unwanted intruders and other incidents requiring emergency service intervention.

The immediate notification shall include the campus name, a brief description of the incident, the current safety status of students and staff, and the actions already taken. A detailed written report shall be submitted to RAK DOK within 24 hours.

21. Drills, training and awareness

| Activity | Minimum frequency |
|---|------------------------------------|
| Fire evacuation drill | Twice per academic year |
| Lockdown drill | One to two times per academic year |
| Emergency preparedness training for staff | Once per year |
| Shelter-in-place drill | Once per year |
| Evacuation for non-fire emergencies | Once per year |

The campus shall keep records of all drills, debrief outcomes, corrective actions, staff training sessions and student awareness activities.

Awareness sessions should explain evacuation routes, assembly areas, lockdown expectations, shelter-in-place behaviour and general safety responsibilities in a way that builds confidence and reduces panic.

22. Human resources and continuity of education

The Academic Centre shall maintain arrangements to support continuity of teaching and essential services where staff shortages, travel restrictions or other disruptions affect normal operations.

Contingency measures may include remote delivery activation, temporary duty reassignment, backup teaching cover, essential service prioritisation and alternative communication arrangements.

23. Records to be maintained

- Current Emergency Response Team contact list
- Student and staff emergency contact records
- Transport provider and driver contact details
- Individual support plans for students of determination where applicable

- Drill schedules, attendance records, evaluations and corrective action trackers
- Incident logs, investigation records and RAK DOK notification / reporting evidence
- Annual review and revision history of this plan

24. Annual review and continuous improvement

This plan shall be reviewed at least annually and updated whenever there is a change in campus layout, staffing, emergency contacts, transport arrangements, student support needs or regulatory requirements.

Lessons learned from incidents, drills, inspections and authority feedback shall be captured and converted into corrective actions with named owners and completion dates.

Appendix A. Immediate implementation checklist

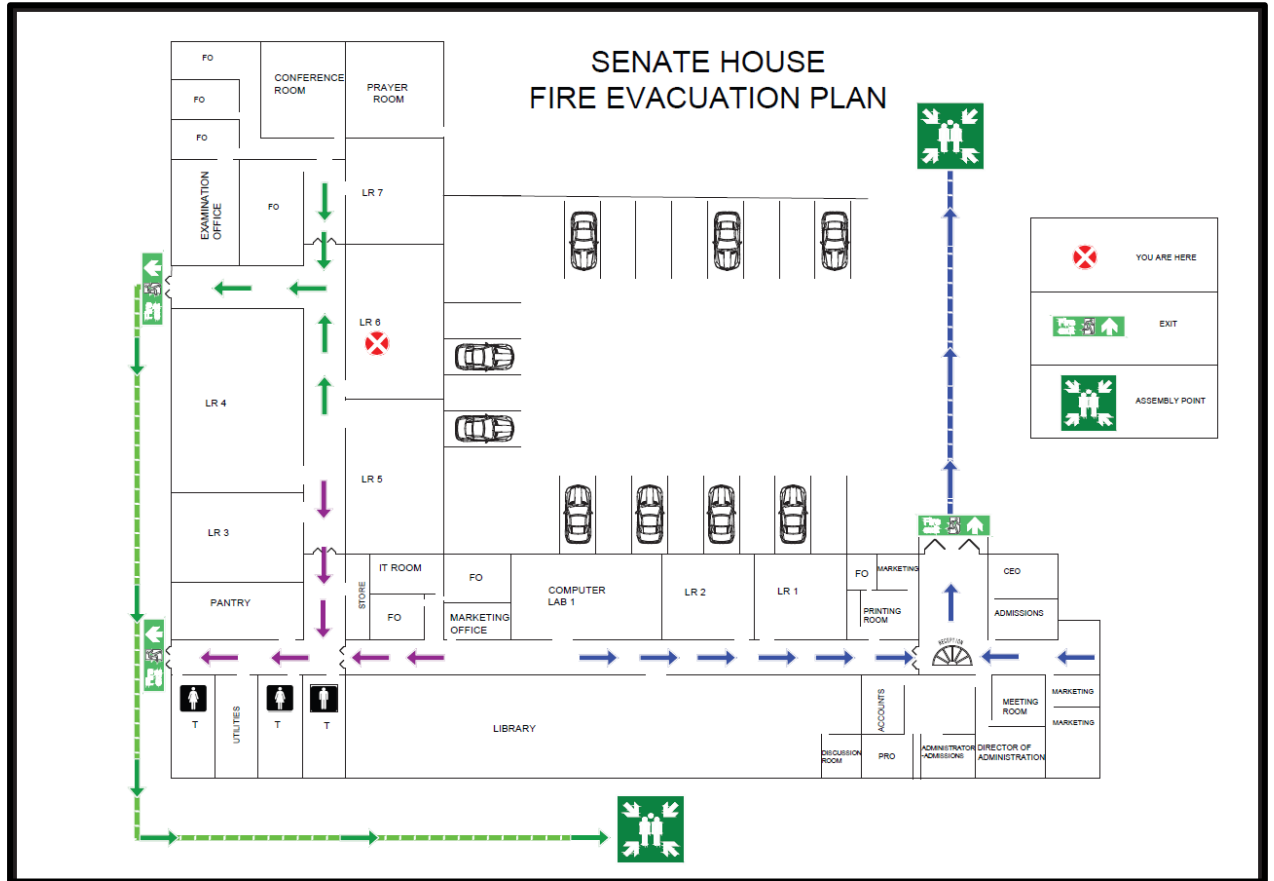
| No. | Required action | Owner | Status / target date |
|-----|--|--|----------------------|
| 1 | Confirm Emergency Response Team membership, deputies and 24/7 contact details. | Allocated as per the table on Page 2 | ACTIVE |
| 2 | Insert campus-specific emergency numbers, internal extensions and RAK DOK emergency contact channel. | Mr. Nithin / Mr. Dipendra | In-place |
| 3 | Display evacuation maps in all required locations and verify assembly points. | Mr. Nithin / Mr. Dipendra | In-place |
| 4 | Nominate staff to support students of determination and prepare individual emergency support checklists. | Ms. Jamuna Mr. Bhavesh Ms. Gemma | In-place |



| No. | Required action | Owner | Status / target date |
|-----|--|--|--|
| 5 | Verify alarm systems, emergency lighting, exits and route signage. | Mr. Shafi | ACTIVE |
| 6 | Establish a communication cascade using SMS, email and university communication platforms. | Ms. Sujata | In-place |
| 7 | Brief all staff immediately on evacuation, lockdown and shelter-in-place procedures. | Mr. Fazal | By April 2026 (after the distance learning period ends) |
| 8 | Schedule the required drills for the academic year and create drill record templates. | Mr. Fazal Mr. Nithin Mr. Rajeesh | By April 2026 (after the distance learning period ends) |
| 9 | Prepare a 24-hour incident report template for RAK DOK submissions. | Mr. Fazal | Available at the front desk |
| 10 | Issue the controlled version of this plan after approval and document briefing completion. | Ms. Najna | In-place |

Appendix B. Campus-Specific Details

- **Campus Layout, Evacuation Maps & Assembly Point Identifiers**



- **Named ERT Members and Deputies**

| Role | Core responsibility | Primary holder | Contact |
|------------------------------------|---|-----------------|------------------|
| Campus Director / President | Overall emergency leadership, authority liaison and decision-making | Dr. Raj Nambiar | +971 56 197 2727 |



| Role | Core responsibility | Primary holder | Contact |
|---|---|--|--|
| Operations Manager or equivalent | Evacuation coordination, site access, infrastructure checks and assembly area control | Mr. Rajeesh Ms. Gemma Mr. Fazal | +971 55 693 6447 +971 50 451 3966 +971 56 878 7969 |
| Health and Safety / Compliance Officer | Safety procedures, hazard assessment, incident logging and drill assurance | Mr. Abdi Hubsey Mr. Nithin Ms. Najna | +971 50 195 7639 +971 56 971 1835 +971 50 389 4313 |
| Administration / Communications lead | Mass communication to students, staff, parents where relevant and RAK DOK liaison support | Ms. Sujata Mr. Abdi Hubsey Ms. Lekshmi Rajesh | +971 50 997 1264 +971 50 195 7639 +971 50 264 4740 |
| Transport Coordinator | Bus movement, relocation arrangements and transport provider liaison | Mr. Nithin | +971 56 971 1835 |
| Academic lead / teaching coordinator | Classroom accountability, lecturer coordination and teaching continuity | Programme Leaders /Academic Coordinators | |
| Student support / welfare lead | Support for distressed students, students of determination and reunification support | Ms. Mahwish Dr. Al Quiloppe | +971 50 243 2390 +971 55 226 0932 |



| Role | Core responsibility | Primary holder | Contact |
|---|---------------------------------------|--|--|
| Support team for Students of determination and persons | Support for students of determination | Ms. Jamuna Mr. Bhavesh Kumar Ms. Gemma | +971 58 958 6735 +971 55 879 1609 +971 50 451 3966 |

• **Internal Contact Extensions and After-Hours Escalation Contacts**

| | Name | Mobile Number | Ext | Department |
|----|---------------------|---------------------------|-----|---------------------------|
| 1 | Dr. Raj Nambiar | 056-1972727 | 103 | Director - Administration |
| 2 | Ms. Gemma Cena | 050-4513966 | 105 | Registrar |
| 3 | Mr. Rajeesh Narayan | 052-1467314 | 109 | Accounts |
| 4 | Mr. Ganesh | 050-6710593 | 107 | Accounts |
| 5 | Mr. Haseeb | 072211221 | 100 | Reception |
| 6 | Mr. Frederic | 050-3784116 | 102 | Marketing Executive |
| 7 | Ms. Sujata | 050-9971264 | 112 | Marketing Executive |
| 8 | Mr. Bright | 050-3785362 | 106 | Marketing Executive |
| 9 | Ms. Khushbu | 050-9895722 | 140 | Marketing Executive |
| 10 | Ms. Ana | 050-2265312 | 143 | Marketing Executive |
| 11 | Ms. Jayanthi | 050-9971950 | 137 | Assistant Manager |
| 12 | Ms. Arzanah | 050-9971384 | 115 | Marketing Executive |
| 13 | Mr. Mathew | 050-9895946 | 114 | Marketing Executive |
| 14 | Ms. Najna | 050-3894313 | 131 | Librarian |
| 15 | Dr. Najiya | 055-5981418 | 116 | Accountancy |
| 16 | Ms. Resmi | 050-2171561 | 125 | Civil Engineering |
| 17 | Dr. Syed Sajl | 056-5518717 | 119 | Mech. Eng./BTEC ND & HND |
| 18 | Dr. Jibi Jais | 052-8620054 | 121 | Mech. Eng./BTEC ND & HND |
| 19 | Ms. Sana/ Dr.Arooj | 052-5356499 / 055-5411726 | 123 | Accountancy/Psychology |
| 20 | Mr.Peter Mugambi | 052-8902096 | 124 | School of Law |
| 21 | Mr. Abdi Hubsey | 050-1957639 | 118 | ATHE |



| | | | | |
|----|------------------------------|-------------------------------|-----|---------------------------------|
| 22 | Ms. Renuka | 055-1146200 | 134 | Computing |
| 23 | Mr. Kelvin John | 055-7882946 | 122 | EEE/Btec |
| 24 | Dr. Shiv Malar | 052-8495435 | 113 | Civil Engineering |
| 25 | Ms Lekshmi | 050-2644740 | 126 | Civil Engineering |
| 26 | Mr. Nithin Nizamuddin | 056-9711835 | 104 | Mech/Civil Technician/Transport |
| 27 | Dr. Ben Baby | 050-7918288 | 120 | Mechanical Engineering |
| 28 | Ms . Menaka | 052-1344207 | 127 | Business |
| 29 | Mr. Mario.F | 058-8851483 | 117 | Dean of Business School |
| 30 | Mr. Fazal/ Mr. Sinde | 056-8787969 / 050- 7919448 | 132 | IT ROOM |
| 31 | Ms. Mahwish | 050-2432390 | 133 | Psychology |
| 32 | Ms. Devika | 056-4673610 | 138 | School of Law |
| 33 | Dr. Dimithri/Dr. Al | 050-7651478 / 055- 5575840 | 129 | MBA/Psychology |
| 34 | Ms Smita | 050-5977067 | 135 | ATHE Comp. |
| 35 | Ms. Anu | 055-2195159 | | EEE/Btec |
| 36 | Mr.Akbar | 054-7523822 | | EEE/Btec |
| 37 | Dr. Prasanthi Achikkulath | 055-3340472 | | EEE/Btec |
| 38 | Mr.Vishnu | 058-6337709 | | Business |
| 39 | Mr.Dipendra | 056-8510925 | | Admin |
| 40 | Mr.Bhavesh | 055-8791609 | | Admin |
| 41 | Mr.Shafi | 055-5738242 | | Admin |
| 42 | Mr.Riyaz | 055-8268398 | | Driver |
| 43 | Mr.Agni Dhar | 055-3609775 | | Admin |
| 44 | Mr R. Vijayakumar | 050-727 9658 | | Mech. Eng. - Part-time |
| 45 | Mr Manoj Pillai | 054-4093561 | | MSc Eng. Mngmt. - Part-time |
| 46 | Dr Karpagam Ramasamy | 050-4660497 | | Computing /ATHE |
| 47 | Mr Abdurrahman | 056-3037724 | | Computing /ATHE |
| 48 | Dr.Sridevi Thashnath | 050-7409389 | | DMM- Part time |
| 49 | Dr Ashish Arora | 050 248 4812 | | Business/ ATHE |
| 50 | Mr.Fouad Salik | 050-4622535 | | MSc CPM- Part time |

• **Transport Contractor Names, Driver Contacts and Relocation Routes**

| Transport Contractor | | | |
|--|---------------------------|-----------------------|---------------------|
| Name of Contracting Company | Name of Contractor | Contact Number | No. of Buses |
| Al Towar Passenger Transport by Rented Buses | Amzath Koya Vahab | 050-3210700 | 1 |
| Maneela Express Contract | Khawaja Muhammad Khan | 055-3066205 | 8 |
| Morning Star Transport Contract | Sajid Salim | 060-7501091 | 1 |

| Transport Driver Contacts | | | |
|----------------------------------|-----------------|-----------------------|---|
| Name of Driver | Bus No. | Contact Number | Route |
| Amir Nawaz Khan | DXB J 59116 | 050-7357114 | BurJuman Metro Station ADCB Metro Station Max Metro Station Satwa Ras Al Khor Al Warqaa Al Rashidiya Centrepont |
| Khan Badshah | DXB AA 74511 | 055-1549889 | Ibn Battuta Mall Al Barsha 1 Al Quoz 1 Al Warqa 3 International City - Spain Cluster International City - Civil Defence |
| Shahid Rehman | DXB W 16974 | 055-4420991 | Stadium Metro Station Emirates Colony RTA Bus Stop Ministry of Labour Bus Stop NMC Hospital RTA Bus Stop Emirates Gas Station, Sahara Centre Dubai Carmel School RTA Bus Stop Galadari Driving School, Muhaisnah 4 FEWA Building, Muhaisnah 4 Lulu Village Dubai Taxi Corporation RTA Bus Stop Oud Al Muteena Dubai Police Colony |



| | | | |
|---------------------|-------------|-------------|---|
| Waseem ullah | DXB M54331 | 052-1376699 | Muraqqabat Al Rigga Metro Station Naif Nakheel Center Al Haram Mosque Al Haram Wahda School Al Mamzar RTA Bus Stop Al Amulla Plaza Al Nahda Sharjah Gift Center Ajman ENOC 1203 Ajman Al Zahya |
| Khawaja Muhammad | DXB K 50469 | 055-3066205 | Al Tawun Expo Centre Sharjah Al Khan Al Majaz 1 Al Majaz 2 Al Majaz 3 Al Qasimia Rolla Sharjah Al Ghubaiba Lulu Hypermarket Sharjah |
| Matiullah Khan | DXB Q 11430 | 050-4718340 | Al Nahda, Sharjah Al Wahda Street Muwaileh - GEMS School Education School, Muwaileh Muwaileh Fire Station Road New Muwaileh High Supermarket Al Zahia City Centre |
| Muhamma Tariq | DXB P 65925 | 058-1331238 | Abu Shagara Mega Mall Al Qasimia Hilal Bank Sharjah Central Post Office Rolla Swiss Hotel Sharjah Clock Tower Mubarak Center Bu Tinah Al Nasserya |
| Tauseef Ahmad | DXB S 33201 | 050-1039452 | Kalba Al Furaijah Fish Market Al Furaijah Zeenath Supermarket Al Furaijah Port Al Murba Dibba Indian School Dibba Port |

| | | | |
|----------------------|-------------|-------------|---|
| Amzath Koya Vahab | DXB E 42885 | 050-3210700 | Hamad Hasan Supermarket Al Hamidiya Police Station Al Rawda 2 GMC Hospital Al Nuaimiya 2, Toyota Showroom, Al Nuaimiya 3 Ladies Park Al Rashidiya Ajman One Towers Ajman Corniche Gant Supermarket Rashidiya Tower Ajman Fish Market |
| Mustafa | RAK C 74924 | 050-1816199 | Royal Breeze, Al Hamra Al Hamra Mall Khuzam The International School of Choueifat Kuwait Bazaar Union Tower Karak Route |

25. Relocation Routes

Relocation routes are predefined to ensure the safe movement of students and staff during emergencies requiring off-site relocation. However, depending on the nature of the situation and in accordance with instructions and communications received from local authorities, alternative routes may be implemented. In such cases, rerouting will be planned and coordinated by the Transport In-charge, Mr. Nithin, to ensure safety, efficiency, and compliance with official guidance.

- **Student Support & Welfare Evacuation Contacts**

| | | | |
|---|--|--|---|
| Student support / welfare lead | Support for distressed students, students of determination and reunification support | Ms. Mahwish Dr. Al Quiloppe | +971 50 243 2390 +971 55 226 0932 |
| Support team for Students of determination and persons | Support for students of determination | Ms. Jamuna Mr. Bhavesh Kumar Ms. Gemma | +971 58 958 6735 +971 55 879 1609 +971 50 451 3966 |

Appendix C. Students of Determination- Emergency Checklist

Purpose: To ensure that each student with additional needs receives planned, safe, and timely support during evacuation, lockdown, or any other emergency situation.

A. Student Details

| | | | |
|----------------------------|--|-------------------|--|
| Student name | | Student ID | |
| Programme / class | | Date | |
| Emergency point of contact | | Phone | |

B. Individual Needs and Emergency Arrangements

| | |
|---|--|
| Mobility support required | <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ |
| Medical equipment / medication needed | <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ |
| Sensory support required | <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ |
| Communication support required | <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ |
| Preferred evacuation / safe room route | _____ _____ |
| Other specific instructions | _____ _____ |



C. Assigned Staff and Responsibilities

| Role | Name | Responsibility |
|---------------------------------------|------|----------------|
| Primary support staff | | |
| Secondary / backup staff | | |
| Emergency coordinator / contact point | | |

D. Emergency Action Checklist

| | |
|---|---|
| <input type="checkbox"/> Student identified in emergency register <input type="checkbox"/> Assigned staff informed of responsibilities <input type="checkbox"/> Escort arrangements confirmed <input type="checkbox"/> Mobility support available and accessible <input type="checkbox"/> Medical equipment / medication arranged | <input type="checkbox"/> Communication support method confirmed <input type="checkbox"/> Emergency coordinator informed if needed <input type="checkbox"/> Evacuation / lockdown route checked <input type="checkbox"/> Incident or difficulty reported after event <input type="checkbox"/> Plan reviewed with staff and student |
|---|---|

E. Training and Review

| | | | |
|-----------------------------------|--|---------------------------------|--|
| Staff trained | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of briefing / drill | |
| Plan reviewed with student | <input type="checkbox"/> Yes <input type="checkbox"/> No | Next review date | |
| Completed by | | Signature | |

Note: This checklist should be kept accessible to relevant staff and reviewed periodically or whenever the student's needs or emergency arrangements change.



Reviewed & approved by

| | | |
|------------------------|--|-----------------------------------|
| Dr. Raj Nambiar | | Campus Director |
| Reviewed on | | 25th March 2026 |

Review history

| | | |
|-------------------------|--|-----------------------------------|
| Last Updated: | | 25th March 2026 |
| Reviewed on | | 25th March 2026 |
| Next review Date | | September 2027 |



STUDENT OF DETERMINATION (SOD) - POLICY

This policy should be ready in conjunction with the student well-being policy, widening participation policy, Student Protection plan policy, safeguarding and child protection policy and Inclusive Practice Policy.

1. Introduction

The University of Greater Manchester, Academic Centre - RAK is fully committed to the principles of equality, diversity, and inclusion. The institution recognises that 'Special Needs' should not be a barrier to participation, achievement, or progression in higher education. This policy sets out the University's approach to supporting 'Special Needs' students within the UAE regulatory context, ensuring alignment with best practice and regulatory expectations.

2. Purpose

The purpose of this policy is to provide a structured framework for supporting 'Special Needs' students throughout their academic journey. It ensures that the University adopts a proactive and inclusive approach, promotes early disclosure, and implements appropriate reasonable adjustments to enable students to participate fully in their studies.

3. Scope

This policy applies to all applicants, current students, and relevant former students who continue to access University services. It covers all academic programmes and institutional activities delivered by the University of Greater Manchester, Academic Centre - RAK.

4. Definition of 'Special Needs'

'Special Needs' refers to a physical or mental impairment that has a substantial and long-term impact on an individual's ability to carry out normal day-to-day activities. This includes sensory impairments, physical disabilities, specific learning difficulties, neurodevelopmental conditions, long-term medical conditions, and mental health conditions.

5. Policy Statement

The University is committed to ensuring that 'Special Needs' students are not disadvantaged and are able to access education on an equal basis with their peers. The institution will take reasonable steps to provide adjustments to teaching, learning, assessment, and the physical environment. These adjustments

are designed to remove barriers and support students in achieving their full academic potential.

6. Disclosure and Confidentiality

Students are encouraged to disclose the 'Special Needs' at the earliest possible stage, ideally during the application or enrolment process. Early disclosure enables the University to plan and implement appropriate support in a timely manner. However, students may disclose the 'Special Needs' at any point during their studies.

All information relating to a student's 'Special Needs' will be treated with strict confidentiality and will only be shared with relevant staff on a need-to-know basis, and with the student's consent. The University recognises the importance of creating a safe and supportive environment in which students feel comfortable disclosing their needs.

7. Reasonable Adjustments

The University will implement reasonable adjustments to ensure that 'Special Needs' students are not placed at a substantial disadvantage. These adjustments may relate to teaching methods, assessment arrangements, access to facilities, or the provision of additional support services. The effectiveness and practicality of adjustments will be considered, ensuring that academic standards and learning outcomes are maintained.

Adjustments will be determined through a structured process involving the student and relevant support services. The aim is to ensure that support is tailored to individual needs while maintaining fairness and consistency across programmes.

8. Individual Support Planning

Where the 'Special Needs' are disclosed, the University will work with the student to develop an Individual Learning Support Plan. This plan will outline the reasonable adjustments required to support the student's learning and engagement. The plan will be shared with relevant staff, subject to the student's consent, to ensure effective implementation.

Students will have the opportunity to review their support plan and request amendments if their needs change or if the support provided is not effective. The University is committed to working collaboratively with students to ensure that support arrangements remain appropriate throughout their studies.

9. Academic and Assessment Arrangements

The University recognises that some students may require adjustments to assessment methods to demonstrate their learning effectively. Where appropriate, alternative assessment arrangements or additional support will be provided, ensuring that core learning outcomes and academic standards are maintained.

Students who experience difficulties related to their 'Special Needs' that impact their academic performance may also access mitigating circumstances procedures in accordance with institutional regulations.

10. Roles and Responsibilities

Responsibility for supporting 'Special Needs' students is shared across the institution. Senior leadership is responsible for ensuring that appropriate policies, resources, and systems are in place. Academic and professional staff are responsible for implementing reasonable adjustments and supporting inclusive teaching practices. Student Services will provide specialist advice, coordinate support, and guide both staff and students.

Students are expected to engage with support services, provide relevant information where required, and communicate their needs in a timely manner. The University emphasises a partnership approach in which both staff and students work collaboratively to support academic success.

- **Student support Services Department**

| Role | Core responsibility | Primary holder | Contact |
|---|---|---------------------------------------|--------------------------------------|
| Head of Student support Services Department | Strategic oversight and executive liaison | Dr. Raj Nambiar | +971 56 197 2727 |
| Student support Services Department Counsellor | Support for students of determination and reunification support | Ms. Mahwish Idrees Dr. Al Quiloppe | +971 50 243 2390 +971 55 226 0932 |

| Role | Core responsibility | Primary holder | Contact |
|---|---|---------------------------------|--------------------------------------|
| Administrator - Student support Services Department | Support for students of determination | Ms. Jayanthi Mr. Shinde | +971 52 317 8368 +971 50 791 9448 |
| First Aid - Student support Services Department | First Aid trained for students of determination | Ms. Gemma | +971 50 451 3966 |
| Support team for Students of determination and persons | Support for students of determination | Ms. Jamuna Mr. Bhavesh Kumar | +971 58 958 6735 +971 55 879 1609 |

11. Monitoring and Continuous Improvement

The University will monitor the effectiveness of ‘Special Needs’ support through student feedback, service reviews, and institutional data. This information will be used to inform continuous improvement and ensure that services remain responsive to student needs. The University is committed to maintaining high standards of inclusivity and accessibility.

12. Compliance

The University will ensure compliance with relevant regulatory requirements and cooperate with audits and inspections conducted by relevant authorities.

13. Review

This policy will be reviewed annually to ensure its continued relevance, effectiveness, and alignment with regulatory requirements and institutional priorities.

Review history

| | |
|-------------------------|-------------------|
| <i>Last Updated:</i> | <i>March 2026</i> |
| Reviewed on | March 2026 |
| <i>Next review Date</i> | <i>March 2027</i> |

STUDENT OF DETERMINATION (SOD) POLICY, SUPPORT PROCEDURE & ILSP TEMPLATE

1. STUDENT OF DETERMINATION (SOD) POLICY

This section outlines the University's commitment to equality, inclusion, and the provision of reasonable adjustments to ensure 'Student of Determination' can access education without disadvantage. The University adopts both anticipatory and individual approaches to support, ensuring inclusive curriculum design alongside tailored interventions.

2. Student of Determination Support Procedure (Workflow)

Step 1: Disclosure - Students disclose the 'Special Needs' during application, enrolment, or at any stage of study.

Step 2: Initial Assessment - Student support Services reviews the disclosure and requests supporting evidence.

Step 3: Consultation - A 'Special Needs' Counselor meets with the student to understand the impact on learning.

Step 4: Support Planning - An Individual Learning Support Plan (ILSP) is developed outlining required adjustments.

Step 5: Approval and Consent - The student reviews and approves the ILSP and consents to sharing.

Step 6: Implementation - Academic and support staff implement agreed adjustments.

Step 7: Monitoring - Ongoing review of effectiveness with the student.

Step 8: Review - Adjustments updated as required or escalated if issues arise.



3. Individual Learning Support Plan (Template)

Student Name: _____

Student ID: _____

Programme: _____

Declared 'Special Needs': _____

Impact on Studies: _____

Recommended Adjustments: _____

Assessment Arrangements: _____

Support Services Involved: _____

Review Date: _____

Student Consent: _____

Counselor Name: _____

Review history

| | |
|-------------------------|-------------------|
| <i>Last Updated:</i> | <i>March 2026</i> |
| <i>Reviewed on</i> | <i>March 2026</i> |
| <i>Next review Date</i> | <i>March 2027</i> |

CONTINGENCY PLAN AND TEACH-OUT POLICY

This policy must be read in conjunction with the Emergency Management and Evacuation Plan and the Health & Safety Policy.

PART A: CONTINGENCY PLAN

1. Purpose

This Contingency Plan sets out the institutional framework for ensuring the continuity of academic provision and operational stability in the event of significant disruption. It is designed to mitigate risks that may affect the delivery of programmes and to safeguard the academic progression and welfare of students.

2. Scope

This plan applies to University of Greater Manchester, Academic Centre - RAK programmes, institutional operations, staff, and students.

3. Risk Management Framework

The institution adopts a proactive approach to risk identification and management. Potential risks include financial instability, regulatory or licensing challenges, loss of accreditation, operational disruptions such as public health emergencies, natural disasters, and strategic decisions by the home or parent institution. These risks are monitored continuously through institutional governance structures to ensure early intervention where necessary.

4. Institutional Response Measures

4.1 Academic Continuity (Please refer to the Contingency Plan [Plan B])

In the event of disruption, the institution will take all reasonable steps to ensure that teaching and learning continue with minimal interruption. This may involve a transition to online or blended delivery, the adoption of intensive or block

teaching formats, and the utilisation of resources from the home campus or partner institutions. Particular priority will be given to existing students to complete their programme of study.

Please also refer to the Contingency Plan (B) for the University of Greater Manchester, Academic Centre - RAK, which will be implemented in the event that the UGMACERAK fails to secure licensure and accreditation from the Ministry of Higher Education and Scientific Research/ CAA.

4.2 Student Protection

The University of Greater Manchester, Academic Centre - RAK is committed to protecting the academic interests of all students. Mechanisms will be established to identify students at risk of disruption and to provide tailored academic guidance and pastoral support. Students will be informed of available options for continuation, completion, or transfer, and will receive appropriate academic and financial advice throughout the process.

Please also refer to the Contingency Plan (B) for the University of Greater Manchester, Academic Centre - RAK, which will be implemented in the event that the UGMACERAK fails to secure licensure and accreditation from the Ministry of Higher Education and Scientific Research/ CAA.

4.3 Partnership and Transfer Arrangements

Where continuation within the institution is not feasible, arrangements will be made with accredited partner institutions to facilitate student transfers. These arrangements will be underpinned by detailed curriculum mapping to ensure alignment of learning outcomes, credit equivalence, and academic standards, thereby minimising disruption to student progression.

Please also refer to the Contingency Plan (B) for the University of Greater Manchester, Academic Centre - RAK, which will be implemented in the event that the UGMACERAK fails to secure licensure and accreditation from the Ministry of Higher Education and Scientific Research/ CAA.

4.4 Staff Continuity

The institution will ensure that staff are supported throughout any period of disruption. This may include redeployment within the institution or across partner campuses, the continuation of teaching through remote delivery, and clear communication regarding employment status, timelines, and expectations.

4.5 Communication Strategy

Effective communication is central to the successful implementation of the Contingency Plan. The institution will ensure that timely, accurate, and transparent information is provided to all stakeholders, including students, staff, and regulatory authorities. A designated communication lead will coordinate all messaging to ensure consistency and clarity.

4.6 Records and Data Management

The institution will maintain secure and accessible records of all academic and administrative data. Robust data protection measures, including cloud-based backup systems, will be implemented to ensure that records are preserved and can be accessed as required. All records will be retained in accordance with regulatory requirements, including a minimum retention period.

5. Activation of the Plan

The Contingency Plan will be activated when a significant risk is identified that threatens the continuity of operations or when a formal decision is taken to cease academic delivery. Activation will be authorised by senior management and communicated promptly to all relevant stakeholders.

6. Monitoring and Review

This plan will be reviewed annually to ensure its continued effectiveness and alignment with regulatory requirements. The institution will also undertake periodic scenario-based testing to evaluate its preparedness and to identify areas for improvement.

PART B: TEACH-OUT POLICY

1. Purpose

The purpose of this policy is to ensure that students are able to complete their studies or transition to suitable alternative arrangements in the event of programme or institutional closure. The policy reflects the institution's commitment to protecting student interests and maintaining academic standards.

2. Scope

This policy applies to all students enrolled on programmes delivered by the University of Greater Manchester as well as to all staff involved in academic delivery, administration, and student support.

3. Policy Statement

The institution will develop and implement a comprehensive Teach-Out Plan in the event of closure, in full compliance with applicable regulatory requirements. The plan will ensure that students are not disadvantaged and that academic quality and standards are maintained throughout the teach-out period.

4. Teach-Out Arrangements

4.1 Notification to Stakeholders

The institution will provide a minimum of six months' notice prior to closure, unless otherwise directed by the relevant regulatory authority. All affected stakeholders, including students, staff, and regulatory bodies, will be informed in a timely and transparent manner, with clear guidance on available options and support mechanisms.

4.2 Student Academic Completion

Students will be supported to complete their programmes through a range of options, including completion within the remaining operational period, transfer to accredited institutions, or continuation through alternative delivery modes such as online provision or home campus support. All arrangements will be subject to

rigorous curriculum mapping to ensure equivalence of learning outcomes and credit transfer, and in line with local regulatory requirements and home campus rules and regulations.

4.3 Student Support Services

Comprehensive support will be provided to students throughout the teach-out period. This will include academic advising to support decision-making, financial counselling to address fee-related concerns, and the timely provision of official documentation such as transcripts and transfer certificates.

4.4 Staff Transition

The University of Greater Manchester, Academic Centre – RAK will implement appropriate measures to support staff during the teach-out process. This will include clear communication regarding timelines and responsibilities, as well as redeployment opportunities and compensation in accordance with applicable employment legislation.

4.5 Records Management

All academic records will be securely maintained and made accessible to students and relevant authorities for a minimum period of five years following closure. Where required, records will be transferred to the regulatory authority to ensure long-term preservation and accessibility.

4.6 Operational Timeline

A detailed operational timeline will be developed as part of the Teach-Out Plan. This timeline will outline key milestones, including the cessation of teaching, completion of assessments, and final award or transfer arrangements, ensuring a structured and transparent process.

4.7 Compliance and Approval

The Teach-Out Plan will be submitted to the relevant regulatory authority for approval at least six months prior to closure. The institution will ensure that all

requirements are met and that any feedback is addressed promptly to secure approval.

5. Monitoring and Governance

The implementation of the Teach-Out Plan will be overseen by a dedicated Teach-Out Committee, reporting to senior management. The committee will ensure that all actions are carried out in accordance with the approved plan and that student interests remain the primary focus.

6. Review and Continuous Improvement

Following the completion of the teach-out process, the institution will undertake a formal review to evaluate effectiveness and identify lessons learned. Feedback from students and stakeholders will inform future policy development and institutional planning.

7. Conclusion

This policy ensures that any institutional closure is managed in a structured, transparent, and student-centred manner. It reinforces the institution's commitment to academic integrity, regulatory compliance, and the protection of student outcomes.

Review history

| | |
|--------------------------------|--------------------------|
| <i>Last Updated:</i> | <i>March 2026</i> |
| <i>Reviewed on</i> | <i>March 2026</i> |
| <i>Next review Date</i> | <i>March 2027</i> |

CONTINGENCY PLAN (B) IN THE EVENT OF NOT GAINING MOHESR ACCREDITATION/ CAA

Contingency Plan (B) will be triggered in the event of the University of Greater Manchester, Academic Centre- RAK, UAE failing to secure Licensure & Accreditation from the Ministry of Higher Education & Scientific Research.

The Contingency Plan will potentially involve one of the following options and would be aimed at safeguarding the interest of all the students enrolled at the University of Greater Manchester, Academic Centre - RAK, UAE:

Option 1

The University of Greater Manchester, Academic Centre- RAK, UAE will work with the home campus to teach out all the enrolled students online. The online delivery will be managed by the home campus with the IBC continuing to provide support that may be required during the teach out to enrolled students

Option 2

The Academic Centre could work with the home campus in providing bursaries for any of its students in the UAE to transfer to the UK campus for completing the remainder of their qualifications

Option 3

The Academic Centre could work with the home campus in offering transfer options to students to the University of Greater Manchester's TNE provision available in the UK (at the London campus), Myanmar, Pakistan, Greece, Sri Lanka &, Vietnam. Please note that not all programmes offered at the Academic Centre are offered at the TNE campuses listed above. Nevertheless, in the event of a teach out the different set of geographical locations could potentially be attractive to some of the students

Option 4

Western International College which is the Non-Academic Infrastructure provider to the University of Greater Manchester in the UAE also delivers programmes online with the University and has been doing so for the past 10 years. In the event of the teach out WINC can continue to teach & support the students enrolled at the Academic Centre but in an online delivery setting

Option 5

The Academic Centre maintains a reasonable working relationship with British TNE providers in Dubai & Ras Al Khaimah. In the event of the Academic Centre failing to get the MOHESR/ CAA accreditation we feel confident in reaching out to MOHESR/ CAA British TNE providers in Dubai to help transfer our students thereby providing the opportunity to these students to earn an accredited British degree in the UAE.

Please note that with a purpose- built new campus facility and a staffing structure where a majority of the staff are full- time we will endeavour to meet the requirements of the MOHESR/ CAA. We would also be able to commit to invest the requisite investments & resources to ensure enrolled students are not disadvantaged in any way should there be a teach-out

Review history

| | |
|--------------------------------|--------------------------|
| <i>Last Updated:</i> | <i>March 2026</i> |
| <i>Reviewed on</i> | <i>March 2026</i> |
| <i>Next review Date</i> | <i>March 2027</i> |