**CHECK LIST FOR HE PROVIDER MERGERS AND DEMERGERS**

**To be completed by providers or relevant primary regulator/ funder**

**Please return this form to** **liaison@hesa.ac.uk****.**

|  | **Information required** | **Response** | **Status** |
| --- | --- | --- | --- |
| **Provider details** |
|  | Details of all providers involved in transaction (names and UKPRN numbers)? | 1. Name:

UKPRN: 1. Name:

UKPRN: |  |
|  | Have all providers involved in the transaction entered into a subscription agreement with HESA pre- transaction? If no, please provide details. (Any new provider(s) created as part of the transaction will require a new subscription agreement. Where a provider will cease to conduct business as part of the transaction, its subscription agreement with HESA will need to be terminated in accordance with its terms). | Y/NDetails: |  |
|  | Nature of providers involved in transaction (Category of English provider/ full subscriber in Northern Ireland, Scotland or Wales, Welsh FEC, Northern Irish FEC)?  | Details: |  |
|  | Jurisdiction(s) of providers involved in transaction (ie. England, Scotland, Northern Ireland or Wales)? | Details: |  |
|  | 1. Relevant primary regulator/ funder?
2. Will transaction result in a change in primary regulator/ funder?
 | a)1. Y/N. Details of new primary regulator/ funder:
 |  |
| **Transaction details** |  |
| 6. | 1. Does the transaction involve solvent providers only (no implies insolvency of one or more providers)?
2. Has an Education Administrator been appointed to any provider involved in the transaction (if so, names and addresses of administrators to be provided, plus a copy of the relevant Education Administration Order and the administrators’ statement of proposals)?
3. If no Education Administrator has been appointed, please provide details of any insolvency of a provider(s) involved in the transaction:
 | 1. Y/N
2. Y/N. Details of Education Administrators:
3. Details of insolvency:
 |  |
| 7.  | Please provide a detailed explanation of the merger or demerger. For example: * MERGER: Does transaction involve two providers merging into one of the existing providers – details of remaining provider to be confirmed?
* MERGER: Does transaction involve two providers merging to form a new entity (existing providers cease to carry on business) - details of new provider to be confirmed?
* MERGER: Does transaction involve one provider splitting HE offering and merging separate parts (eg. courses, campuses) with two or more existing providers – details of all providers involved to be confirmed along with full details of the transaction?
* DEMERGER: Does transaction involve one provider demerging into two or more providers (existing provider remains and additional provider(s) – details to be confirmed)?
 | Details:  |  |
| 8. | Change of name (no change to legal entity or UKPRN)? New details to be confirmed.  | Y/NDetails of new name: |  |
| 9. | Will all existing courses pre- transaction continue with new providers post- transaction? If not, please provide details.  | Y/NDetails: |  |
| 10. | How many students will be affected by the transaction? | Number of students transferring: Number of Graduates (to be surveyed as part of Graduate Outcomes survey post-transaction):  |  |
| 11. | a) Will staff involved in HESA collections pre- transaction remain involved with new entity post-merger? b) Will there be a change to the IDS record contacts? c) Key contact details to be confirmed (HESA may need to make subsequent changes in IDS (IDS is used to grant access to the Graduate Outcomes survey portal etc.). | 1. Y/N
2. Y/N
3. Contact details:
 |  |
| 12. | Effective date of transaction?[[1]](#footnote-1) | Date: |  |
| 13. | Relevant primary regulator/ funder(s) notified (ie OfS, SFC, DFE NI or HEFCW)?  | Y/N |  |
| **Impact of transaction on HESA data collections** |
| 14. | What HESA data collections does (do) the existing provider(s) make submissions to pre- transaction?   | Details (for each provider involved): |  |
| 15. | What HESA data collections will the new or remaining provider(s) make submissions to post- transaction?  | Details (for each provider involved): |  |
| 16. | What optional services are received from HESA by providers concerned pre- transaction (only EMR, Staff outside the statutory coverage of the Staff Record and Graduate Outcomes opt-in question banks))? (*Note: This is not applicable to Northern Irish and English FECs)* | EMR: Staff outside the statutory coverage of the Staff Record:Graduate Outcomes opt-in question banks: |  |
| 17. | What optional services received from HESA will be required by the new or remaining provider(s) after transaction (only EMR, Staff outside the statutory coverage of the Staff Record and Graduate Outcomes opt-in question banks)? (*Note: This is not applicable to Northern Irish and English FECs)* | EMR: Staff outside the statutory coverage of the Staff Record:Graduate Outcomes opt-in question banks: |  |
| 18. | Categories of onward sharing selected by providers pre- transaction? See <https://www.hesa.ac.uk/support/provider-info/subscription/onward-use>  | Details: |  |
| 19. | Categories of onward sharing selected by new or remaining provider(s) after transaction? See <https://www.hesa.ac.uk/support/provider-info/subscription/onward-use>  | Details: |  |
| Data protection and privacy considerations |
| Further to the ICO Data Sharing Code, HESA must satisfy itself that the necessary data protection considerations have been undertaken by the merging entities in the course of their merger due diligence activities. The following questions seek to confirm that the required steps have been taken by the merging entities and that the data protection principles have been met. |
| 20. | Please confirm whether a Data Protection Impact Assessment (‘DPIA’) has been undertaken as part of the due diligence carried out in respect of this merger. Alternatively, please provide the rationale for why a DPIA has not been undertaken.  |  |  |
| 21. | If applicable, please identify what privacy risks were surfaced as a result of the DPIA/ privacy assessment and the mitigations that have been put in place to mitigate their effect(s)? |  |  |
| 22. | Please confirm that updated privacy information has been made available to current students which includes details of a change in controller status and the lawful basis under which the data will be processed (please attach or provide a link to the privacy information). |  |  |
| 23. | Please confirm that updated privacy information has been made available to legacy students which includes details of a change in controller status and the lawful basis under which the data will be processed (please attach or provide a link to the privacy information). |  |  |
| 24. | Please confirm that a link to HESA’s privacy information is contained in the updated privacy information. |  |  |
| 25. | Please confirm the lawful basis under which you will share personal data with HESA and that this basis is compatible with the original purpose for which the data was originally collected (by the previous entity/ies). |  |  |
| 26. | a) Have the previous provider(s) transferred to the new or remaining provider(s) as far as they are aware, true and accurate contact details for students who will be required to participate in the Graduate Outcomes survey after the transaction? For the avoidance of doubt, this shall include past and present students.b) Do the new or remaining provider(s) have appropriate arrangements in place to fairly and lawfully maintain the accuracy of the contact details of students who previously studied with them for the purposes of the Graduate Outcomes survey?  | 1. Y/N
2. Y/N
 |  |
| 27. | Will new or remaining provider(s) require access to data collected by HESA pre- transaction from previous provider(s), including contact data? If so, please provide details of the extent of access proposed and the purpose for access (for example, statistical purposes in line with information provided to students in HESA’s fair processing notices).  | Y/NDetails (extent of access and purpose for access): |  |
| 28. | Please provide confirmation that the providers involved in the transaction have taken all necessary steps to ensure it is fair and lawful for HESA to share with the new or remaining provider(s) student and graduate data collected by HESA from the providers involved in the transaction.  | Confirmed: Y/N |  |
| 29. | Please confirm that post-transaction any new or remaining provider(s) will have the necessary rights to continue to use the name and logo of the providers from whom they have inherited students in connection with the Graduate Outcomes survey. (Students from the previous provider(s) will receive correspondence displaying the name and logo of the previous provider(s) in relation to the Graduate Outcomes survey).  | Y/NDetails: |  |

**Form completed by:**

*By signing this form, you confirm that each of the responses provided above in relation to the transaction described are true and accurate.*

Signed:

For and on behalf of [higher education provider][primary regulator/funder]

Name:

Position:

Date:

1. [*HESA to determine treatment of data and timing in relevant data collection cycle. To be determined on case-by-case basis. HESA’s preference is to try to align with beginning of Academic Year (1 August – 31 July). Treatment is more complex/problematic if a mid- Academic Year merger. For example, may need to retain separate Graduate Outcomes portals for two Academic Years depending on input from relevant primary regulator/ funder and timing of merger*]. [↑](#footnote-ref-1)