

Faculty/Support Services:	
Department:	

Completed by:	
Date last reviewed:	xx/xx/xx

Ref	Name of Service	What activities are involved in order to deliver the Service	Working patterns for delivering the activities & peak times <i>e.g. Mon-Fri 9am-5pm</i>	Who are the Internal College stakeholders	Who are the External College stakeholders	Impact		What resources do you use to deliver the Activity						
						What is the Maximum time the Activity can be disrupted before it significantly impacts the service	Brief description of the impact if the activity is disrupted greater than the Max time	Name of campus / buildings	Specialist staff roles	Name of IT application(s)	Desk phones / work mobiles	Specialist Equipment	Partners & suppliers	
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2														
3														
4														
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10														