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| ***This form is to be used by centres to report instances of suspected Learner malpractice.*** | | |
| Date of Incident: | Centre Number: | Centre Name: |
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| Qualification | | Unit |
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| **Learner Information: (Please use a separate form for each learner)** | | |
| Learner Name: | | Learner BCS ID: |
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| **Name(s) of Invigilator(s) / Assessment Personnel or Other Witness(es):** | | |
| Invigilator Name: | | Invigilator Telephone Number: |
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| Assessment Personnel Name: | | Assessment Personnel Telephone Number: |
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| Witness Name: | | Witness Telephone Number: |
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| *Complete the Following Sections as Required:* | | |
| **Section A** | | |
| Describe the nature of the suspected Learner malpractice including details of how it was discovered, by whom and when: | | |
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| **Section B** | | | | | |
| Was the Learner reminded of examination regulations at the beginning of the exam? | | YES | | | NO |
| If NO, please give details: | | | | | |
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| If the incident involves disruptive behaviour, did the Learner’s behaviour cause disturbance to other Learners? | | YES | | | NO |
| If YES, please give details: | | | | | |
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| Did the incident involve the introduction of unauthorised material? | | YES | | | NO |
| If YES is the unauthorised material enclosed? | | YES | | | NO |
| If the answer to the question above is NO, please give details… | | | | | |
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| **Report of Suspected Learner Malpractice** | | | | | |
| *This check list is intended to assist the centre manager in completing a report of suspected Learner malpractice.* | | | | | |
| Learner suspected of malpractice has… | | | | | |
| Been informed in writing of the allegation made against them? | | YES | | | NO |
| Knows what evidence there is to support the allegation? | | YES | | | NO |
| Had the opportunity to consider their response to the allegations (if required)? | | YES | | | NO |
| Submitted a written statement? | | YES | | | NO |
| If a written statement is not included with this report is it to follow?  (To be submitted within 24 hours). | | YES | | | NO |
| Had an opportunity to seek advice (as necessary)? | | YES | | | NO |
| Offered the opportunity to provide a supplementary statement (if required)? | | YES | | | NO |
| If a supplementary statement is not included with this report is it to follow? (To be submitted within 24 hours). | | YES | | | NO |
| If there are any other details you feel are relevant to this investigation, including mitigating circumstances, please give further details below: | | | | | |
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| **Supporting Evidence:** | | | | | |
| Please indicate below the supporting evidence submitted with this report. All relevant information and materials should be submitted at this time. Evidence submitted subsequently may not be considered. | | | | | |
| Signed & Dated statement from Invigilator (required) | YES | |  | TO FOLLOW | |
| Statement from the Examination Officer / Centre Manager | YES | | NO | TO FOLLOW | |
| Signed & Dated statement from the Learner (required) | YES | |  | TO FOLLOW | |
| Seating plan of the examination room | YES | | NO | TO FOLLOW | |
| Unauthorised material removed from the Learner | YES | | NO | TO FOLLOW | |
| Other (please give details) | YES | | NO | TO FOLLOW | |
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