**ALLEGED ASSESSMENT MALPRACTICE REPORT**

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| **ALLEGED ASSESSMENT MALPRACTICE REPORT**  **STRICTLY PRIVATE AND CONFIDENTIAL**  **SECTION 1: GENERAL** | | | | | | | | | |
| Provider Details: | |  | | | | | | | |
| Provision Name: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Course Reference Number/Contract Number/Course Code (as applicable): | |  | | | | | | | |
| Contact Name: | |  | | | Position: | |  | | |
| Email Address: | |  | | | Contact Number: | |  | | |
| **Assessment Details** | | | | | | | | | |
| Module Details (Type/Level/Title):  *e.g. Level 5 Minor Computer Applications* | |  | | | | | | | |
| Title of Assessment: | |  | | | | | | | |
| Assessment Location: | |  | | | | | | | |
| **Description of Alleged Malpractice** | | | | | | | | | |
| Date of Alleged Malpractice: | |  | | Time of Alleged Malpractice: | | | |  | |
| Description of Alleged Malpractice *(Specify the assessment procedure/rule that has allegedly been breached. Include details of mitigating factors, if any):* | |  | | | | | | | |
| Number of Learners Impacted (if any) | |  | | | | | | | |
| Nature of Impact on Learners | |  | | | | | | | |
| **Certification Status at time of Allegation Notification (tick as appropriate)** | | | | | | | | | |
| Certificates not requested and will not be progressed until process is concluded | | | | | | | | |  |
| Certificates have been issued and are to be retrieved and held pending outcome of process | | | | | | | | |  |
| Certificates have not been issued and will be held until the process is concluded | | | | | | | | |  |
| Certification will not be impacted | | | | | | | | |  |
| **Notification of Malpractice Allegation** | | | | | | | | | |
| Name of relevant designated person: | | |  | | | | | | |
| Notified by (name): | | |  | | | | | | |
| Date of Notification: | | |  |  | | | | | |
| Learner to be investigated notified in writing | | | Yes  No |  | | | | | |
| Name(s) of Investigator(s): | | |  | Contact No.:: | |  | | | |
| Email Address: | |  | | | |
| Comment: |  | | | | | | | | |

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| **SECTION 2: INVESTIGATION REPORT**  **If this section is not applicable, please tick** | | | | |
| **Investigation** | | | |
| Name(s) of person(s) spoken to/met: |  | | |
| Documents reviewed: |  | | |
| Evidence reviewed: |  | | |
| **Investigation Findings** | | | |
| Investigation Findings: |  | | |
| Supporting Documents/ Evidence/Testimony: |  | | |
| Allegation substantiated: | Yes | No | |
| Investigation Report submitted to relevant designated person: |  | Date: |  |
| Signed (Investigator): |  | Date: |  |
| Print Name: |  | | |

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| **SECTION 3: FINDINGS ADJUDICATION AND COMMUNICATION FINDINGS**  **If this section is not applicable, please tick** | | | | | |
| **Findings Adjudication by relevant designated person** | | | | | |
| Malpractice Allegation Findings: | Substantiated | | Not Substantiated | |
| Comment: |  | | | |
| Signed (Relevant designated person): |  | Date: | |  |

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| **Communication of Adjudicated Findings** | | | | |
| Adjudicated Findings | Communicated to: (as relevant) | Please tick | Date: | Informed by: |
| Investigated Learner |  |  |  |
| Relevant designated person |  |  |  |
| Other |  |  |  |

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| **SECTION 4: SANCTIONS FOR ASSESSMENT SYSTEM MALPRACTICE**  **(LEARNER ONLY)**  **If this section is not applicable, please tick** | | | | |
| **Sanction** | | | | |
| The sanction(s) recommended: |  | | |
| Approved: Signed (Relevant designated person): |  | Date: |  |

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| **Communication of the Sanction** | | | | |
| Sanction being imposed: | Communicated to: (as relevant) | Please tick | Date: | Informed by: |
| Relevant Learner(s) |  |  |  |
| Relevant designated person |  |  |  |
| Other party informed (specify): |  | |  |  |