**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** |
| AdjudicatedFindings  | 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): |  |  |  |