MM2 Notification of suspected Malpractice

Centres are expected to notify complianceandregulation@skillsedugroup.co.uk as soon as possible of any instances of suspected malpractice or maladministration and to co-operate fully in any investigation that may ensue[[1]](#footnote-1). Please submit this completed form via email or post to Compliance and Regulation, Robins Wood House, Robins Wood Road, Aspley, Nottingham NG8 3NH.

Section A should be completed in all cases

Section B should be completed by the Invigilator in the case of written examinations / onscreen tests

Section C should be completed by the Quality Manager in the case of internal assessment / moderation

**Section A General**

|  |  |
| --- | --- |
| Centre Name |  |
| Qualification Title |  |
| ABC Qualification Code |  |

**Section B External Assessment**

|  |  |
| --- | --- |
| Invigilator Name |  |
| Examination Officer Name |  |
| Examination Series |  |
| EX4 ID (where applicable) |  |
| Candidate Registration ID |  |
| Describe the nature of the malpractice / maladministration*Please describe the nature of the behaviour or the unauthorised material discovered* |
|  |
| **Did this incident impact on other candidates?** *Please describe if behaviours disrupted other candidates or the presence of unauthorised materials has the potential to put the achievement of other candidates at risk* |
|  |

|  |
| --- |
| Evidence submitted – *please tick and attach to this form as supporting evidence* |
|  | Invigilator Statement |
|  | Examination Officer Statement |
|  | Candidate Statement |
|  | Examination Room Seating Plan |
|  | Other –*this may include evidence of mitigating circumstances. Please describe below.* |
|  |

**Section C Internal Assessment**

|  |  |
| --- | --- |
| Quality Manager Name |  |

|  |
| --- |
| Describe the nature of the malpractice / maladministration |
|  |

|  |
| --- |
| Evidence submitted – *please tick and attach to this form as supporting evidence* |
|  | Quality Manager Statement |
|  | Evidence of Plagiarism |
|  | Assessment Records |
|  | Internal Quality Assurance Records |
|  | Other - *please describe below* |
|  |

|  |  |
| --- | --- |
| Name |  |
| Date |  |

1. Cf. 3010-01 Malpractice and Maladministration Policy [↑](#footnote-ref-1)