**NCTJ Report of Suspected Malpractice/Maladministration**

This form is to be used by centres and training providers to report instances of suspected malpractice and/or maladministration to the NCTJ.

Centres/training providers must ensure that the person filling in this form has the appropriate competence to do so and that they do not have any personal interest in the matter being reported.

Please complete this form with reference to the procedures detailed in the NCTJ malpractice and maladministration policy.

|  |  |
| --- | --- |
| **Centre name** |  |
| **Head of centre** |  |
| **Date of incident** |  |
| **Time of incident** |  |

**Candidate details**

|  |  |
| --- | --- |
| **Candidate URN** | **Candidate Name** |
|  |  |
|  |  |
|  |  |
|  |  |

**Examination/assessment details**

|  |  |
| --- | --- |
| **Qualification title/ Apprenticeship standard (if applicable)** | **Component title** |
|  |  |

**Invigilator(s), assessment personnel and/or other witnesses**

|  |  |
| --- | --- |
| **Name** | **Role** |
|  |  |

***Complete sections A, B, C and D as indicated***

**SECTION A**

|  |
| --- |
| Describe the nature of the suspected malpractice/maladministration, including details as to how it was discovered, by whom and when: |

**SECTION B**

|  |
| --- |
| Describe how the candidates/centre staff were made aware of the NCTJ examination/assessment procedures: |

**SECTION C**

**Examinations**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Had the candidate(s) been issued a copy of the NCTJ ‘candidate procedures’? |  |  |
| Were candidate(s) reminded of NCTJ examination regulations at the beginning of the particular exam? |  |  |
| **Portfolio or EPA work:** had the candidate(s) signed the cover sheets to confirm it was all their own work? |  |  |
| If the incident involves disruptive behaviour, did the candidate’s behaviour cause disturbance to other candidates? |  |  |

If the answer to the last question above is yes and you wish to request a special consideration for other candidates, please submit an application for special consideration in the normal way.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| If the incident involves the introduction of unauthorised material, is the unauthorised material enclosed? |  |  |
| If not, please give details below of the nature of the unauthorised material: | | |

|  |
| --- |
| If the case involves plagiarism please provide full details (i.e. title, author, edition, website) of the material plagiarised and include copies if possible: |

|  |
| --- |
| If there are any other details you feel are relevant to this allegation including mitigating circumstances, please give further information below: |

**SECTION D**

**Supporting evidence**

|  |  |
| --- | --- |
| **Evidence submitted with this form** | **Tick** |
| Statement(s) from invigilator(s) |  |
| Statement(s) from head of centre/tutor/assessor |  |
| Statement from examinations officer |  |
| Statement(s) from candidate(s) |  |
| Statement from employer |  |
| Seating plan of examination room |  |
| Unauthorised material removed from the candidate(s) |  |
| Copies of sources of plagiarised material |  |
| Examination script, complete or incomplete |  |
| Other (please give details) |  |

|  |
| --- |
| If statement(s) from the candidate(s) are not enclosed, please confirm in this box that the candidate(s) have been given the opportunity to make a statement but have chosen not to do so: |

**To be completed by the Head of Centre**

|  |  |
| --- | --- |
| **Name** |  |
| **\*Signature** |  |
| **Telephone number** |  |
| **Date** |  |

**If submitting this form by email, please ensure that all supporting documents are scanned and attached (preferably as PDF documents) to the same email.**

\*submission by email from the centre’s registered email address will be accepted in place of a signature.

**CHECKLIST**

This checklist is intended to assist centres and training providers when completing a report of suspected malpractice/maladministration.

Please indicate by checking the boxes for the following points:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Staff members and candidates have been informed of their individual responsibilities and rights |  |  |
| **The individual concerned, whether a candidate or member of staff, accused of malpractice/maladministration should:** | | |
| Be informed of the allegation made |  |  |
| Know what evidence there is to support the allegation |  |  |
| Know the possible consequences should malpractice or maladministration be proven |  |  |
| Have the opportunity to consider their response to the allegation (if required) |  |  |
| Have an opportunity to submit a written statement |  |  |
| Have an opportunity to seek advice and to provide a supplementary statement (if required) |  |  |
| Be informed of the applicable appeals procedure should a decision be made against him/her |  |  |
| Be informed of the possibility that information relating to a serious case of malpractice may be shared with other awarding bodies and end-point assessment organisations, the regulators, the police and/or other relevant professional bodies |  |  |

**This form should be enclosed with the report of your investigation.**

To return this form via email please send to: [rachel.manby@nctj.com](mailto:rachel.manby@nctj.com)

If returning by post please return to:

Head of quality and assessment

NCTJ Training Ltd

The New Granary

Station Road

Newport

Saffron Walden

Essex

CB11 3PL