Provider Report of Suspected Malpractice or Maladministration Form

Innovate Awarding’s policy and procedures for the investigation of suspected or alleged malpractice or maladministration can be found at [www.innovateawarding.org](http://www.innovateawarding.org).

**Completing the form**

* This form should be completed as soon as an incident of suspected or alleged malpractice or maladministration is identified
* The completed form must be returned immediately to the Compliance Event Manager at Innovate Awarding
* Please complete all three sections of the form, using additional sheets if required
* Please provide supporting additional information or evidence if available
* The third section must be completed by the Head of Centre

If you have any questions about completing this form, please contact Innovate Awarding by email: [contactus@innovateawarding.org](mailto:contactus@innovateawarding.org)

*Confidential when completed*

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| **Information about the provider, staff, learner/s and qualification and/or standard(s) involved** | |
| **Provider name** |  |
| **Provider address** |  |
| **Date and time of incident/activity** |  |
| **Provider staff involved** | |
| **Staff name(s)** | **Role/job title** |
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| **Apprentice/Learner(s) involved** | |
| **Apprentice/Learner’s name(s)** | **Apprentice/Learner ULN(s)** |
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| **Qualification/Standard information** | |
| **Qualification/Standard title(s)** |  |
| **Unit number(s) (if applicable)** |  |
| **Unit title(s) if applicable** |  |

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| **Please describe the nature of the suspected malpractice or maladministration. Detail how it was discovered, when and by whom. If appropriate, give details of any mitigating circumstances.**  *Please continue on a separate sheet if necessary* |
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Please detail any supporting evidence or documents. All relevant information and materials should be submitted at the same time as this form. Examples of supporting evidence: statements from the invigilator/internal verifier/learner/apprentice/Head of centre; scripts/portfolios; sources of plagiarised material; assessment and internal verification/moderation records.

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| **To be completed by the Head of Centre** | |
| I confirm that, to the best of my knowledge, the information in this provider report of suspected or alleged malpractice or maladministration is true and correct. | |
| **Name** |  |
| **Email** |  |
| **Telephone** |  |
| **Signed** |  |
| **Date** |  |

If the form is submitted by email, supporting documents should be scanned and attached to the email. Please forward this form immediately to Innovate Awarding: [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org).