Provider report of supsected 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 Head of Compliance 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
* Section 3 must be completed by the Head of Centre

If you have any questions about completing this form please contact Innovate Awarding

0117 314 2800 or contactus@innovateawarding.org

*Confidential when completed*

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| Information about the provider, staff, learner(s) and qualification(s)/standard(s) involved |
| Provider name  |
|  |
| Provider address |
|  |
| Date and time of incident/activity |
|  |
| Provider staff involved |
| Staff name(s) | Role/job title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Apprentices/Learner(s) involved |
| Apprentice/Learner name(s) | Apprentice/Learner ULN(s) |
|  |  |
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|  |  |
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|  |  |
|  |  |
|  |  |
| Standard(s)/Qualification(s) information |
| Standard(s)/Qualification 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. |
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*Please continue on a separate sheet if necessary*

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/head of subject; scripts/portfolios; sources of plagiarised material; assessment and internal verification/moderation records.

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| To be completed by the Head of Centre |
| Name |  |
| Email |  |
| Telephone |  |
| Fax |  |

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.

|  |  |
| --- | --- |
| 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: contactus@innovateawarding.org

If you have any questions, please call us on 0117 3142800.