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 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:

Email: [contactus@innovateawarding.org](mailto: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 | |
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| Apprentices/Learner(s) involved | | |
| Apprentices/Learner’s name(s) | | Apprentice/Learner ULN(s) |
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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/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 | |
| 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: [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org)