**Notification of Maladministration and Malpractice Form**

**Note – this form should be read in conjunction with the NCFE Maladministration and Malpractice Policy**

**November 2017 Version 1.0**

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# **Section 1 Your contact details**

|  |  |
| --- | --- |
| **Centre number** |  |
| **Centre name** |  |
| **Centre address** |  |
| **Your name** |  |
| **Your job title** |  |
| **Your email address** |  |
| **Your phone number** |  |
| **Your relationship to the centre/staff member/learner involved in this notification** |  |
| **Please indicate whether or not you wish to remain anonymous to the centre throughout the process** | YES/NO |

# **Section 2 Incident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of incident** |  | **Time(s) of incident** |  |

|  |  |
| --- | --- |
| **Location(s) of incident** |  |
|  |
|  |

|  |  |
| --- | --- |
| **Qualification number(s)** |  |
| **Qualification title(s)** |  |
| **Qualification component(s), if applicable** |  |

**Details of learners involved:**

|  |  |
| --- | --- |
| **Learner name(s)** | **Date and time of assessment (if applicable)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Details of centre personnel/invigilator(s) or other witnesses**

|  |  |
| --- | --- |
| **Name** | **Role(s)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# **Section 3 Details of the alleged or actual maladministration or malpractice**

We’d like to understand what happened so that we can make sure we involve the appropriate NCFE personnel who will carry out an initial fact find. Please provide details of the full nature of the alleged or actual maladministration or malpractice, including any mitigating circumstances and the contents and outcome of any investigation carried out by personnel, e.g. the centre or yourself, relating to the issue.

Please attach any supporting evidence obtained, and submitted electronically. Please note any data which is of a sensitive nature must be encrypted, if requested we can facilitate the transfer of data using our Secure File Transfer system.

We have also provided supporting materials and a checklist for your investigation under Appendix A & B. We expect that all evidence is obtained, where possible, and submitted electronically. Please note any data which is of a sensitive nature must be encrypted, if requested we can facilitate the transfer of data using our Secure File Transfer system.

**Details of the nature of the alleged or actual maladministration and / or malpractice, including details of how it was identified, by whom and when.**

|  |
| --- |
|  |

**Could the learners have been unfairly advantaged or disadvantaged by the alleged maladministration and/or malpractice? If so, please give details.**

|  |
| --- |
|  |

**Describe the proposed steps the centre management will be taking, or have already taken, to investigate this matter, if applicable.**

|  |
| --- |
|  |

# 

# **Section 4 Declaration**

I accept that NCFE will hold and process the information given electronically and will only use this information for the purpose of an investigation and in compliance with relevant data protection legislation.

The content of this report and supporting evidence is factual to the best of my knowledge and I submit it knowing that it is to be tendered in evidence

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Print name:** | **Job title:** |

# **Section 5 How to contact us**

If you have any queries about the contents of this form please contact our Quality Assurance team:

**NCFE**

**Quality Assurance team**

Q6 Quorum Business Park

Benton Lane

Newcastle upon Tyne

NE12 8BT

0191 239 8000[[1]](#footnote-1)

[QualityDevelopment@ncfe.org.uk](mailto:QualityDevelopment@ncfe.org.uk)

# **Appendix A Witness Statement Form**

Statement of:

Age if under 18: (if over 18 insert ‘over 18’)

Occupation:

This statement (consisting of ........... page(s) is true to the best of my knowledge and I make it knowing that it is to be tendered as evidence.

Signature: Date: .........................

Person taking statement: *(name & role)*

Venue: Date:

Signature: Date: Page ………. Of ……….

Continuation of Witness Statement of:

Signature: Date: Page ………. Of ……….

# **Appendix B Supporting evidence**

Please tick (✓) the appropriate boxes to indicate which supporting evidence has been submitted with this report. All relevant information and materials should be submitted at this time. Evidence submitted subsequently may not be considered.

|  |  |
| --- | --- |
| **Evidence submitted with this form, if applicable** | **✓** |
| External assessment(s) seating plan(s) |  |
| Statement(s) from invigilator(s) |  |
| Statement(s) from tutor/head of subject/assessor/internal quality assurer |  |
| Statement(s) from examinations officer |  |
| Statement(s) from learner(s) |  |
| Statement from employer (where appropriate) |  |
| Interview transcripts (where witness statements have not been obtained) |  |
| Other learner evidence |  |
| Assessment and internal quality assurance records |  |
| Other (please give details) |  |

If a statement(s) from the learner(s) is **not** enclosed, please tick ( ✓) this box to indicate that the learner(s) has been given the opportunity to make a statement but has declined the opportunity.

1. \*To continue to improve our levels of customer service, telephone calls may be recorded for training and quality purposes. [↑](#footnote-ref-1)