# Appendix 3 – Suspected Centre Staff Malpractice

# Suspected centre staff malpractice reporting form

This form (available as a Word document at [www.gatewayqualifications.org.uk](http://www.gatewayqualifications.org.uk)) should be used by the Head of Centre to notify Gateway Qualifications of an instance of suspected malpractice Centre staff.

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| Centre Name |  |
| Date and Time of Incident |  |
| Title of Qualification and Units affected |  |
| Date incident was reported to the Centre Management Team |  |
| Details of the Centre staff involved, please provide the name and their job role. |  |

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| Describe the nature of the suspected malpractice, to include details as to how it was discovered, by whom and when. Ensure that the staff members have been informed of the suspected malpractice and their rights. |
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| Has the learner/s been unfairly advantaged or disadvantages by the suspected malpractice? If yes, please provide details. |
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| Has the Regulator (e.g. Ofqual, Qualifications Wales, QAA) been informed? If yes, please provide details of when the regulator was informed. |
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| **TO BE COMPLETED BY THE HEAD OF CENTRE** | |
| Name (please print) |  |
| Job Title |  |
| Contact Telephone number |  |
| Email |  |
| Date |  |
| Signature |  |

Please submit this form to [quality@gatewayqualifications.org.uk](mailto:quality@gatewayqualifications.org.uk)