# Appendix 2 - Suspected Learner Malpractice

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 by a learner in course work, assessments and examinations.

# Suspected learner malpractice reporting form

This form should be used by the Head of Centre to notify Gateway Qualifications of an instance of suspected malpractice by a learner in course work, assessments and examinations.

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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 learners, names, Gateway Qualifications learner number or cohort number |  |

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| Details of invigilator/s, assessor/s or other personnel. Please provide name and 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  |
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| Outline how the learner/s was advised of regulations related to the examination /test or outline the procedures for advising learners of the plagiarism policy and guidance on submitting evidence for assessment.  |
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| Has the learner/s been involved in a previous case of Malpractice that was reported to Gateway Qualifications?  | Yes | No |

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| If the incident involved disruptive behaviour, did the learner’s actions causes disturbance to other learners? If the response is Yes and you wish to request special consideration for other learners, please submit via prism. (there doesn’t seem to be a form for this)  | Yes | No |

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| If the incident involved the use of unauthorised material, please scan the material and submit with this form.  | Yes | No |

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| If the incident involves plagiarism, please provide full details of the documents plagiarised. Include Title, author, edition and page number, or screen shots from the relevant websites. Scan and submit with this document  |
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| Had the learner/s signed the authenticity statement, confirming that all the work submitted was their own.  | Yes | No |

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| Outline any other information which is relevant, including mitigating circumstances. |
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|  Supporting Information  |
| This checklist is to be completed to ensure that all the relevant documentation and supporting information is submitted to Gateway Qualifications. | Yes | No |
| Procedures for advising learner(s) of the examination/assessment regulations.  |  |  |
| Statement/s from the invigilator/s  |  |  |
| Statement from the examinations officer  |  |  |
| Seating plan for the room  |  |  |
| Statement from members of staff |  |  |
| Question and answer booklet or learner evidence  |  |  |
| Copies of plagiarised material  |  |  |
| Unauthorised material  |  |  |
| Assessment and internal quality assurance/moderation records |  |  |
| Other relevant material, please provide details  |  |  |

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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