

NCTJ Report of Suspected Malpractice/Maladministration

This form is to be used by centres and training providers to report instances of suspected or actual malpractice and/or maladministration to the NCTJ.

Centres/training providers must ensure that the person filling in this form has the appropriate competence to do so and that they do not have any conflict or personal interest in the matter being reported.

Please complete this form with reference to the procedures detailed in the NCTJ malpractice and maladministration policy.

| | |
|-------------------------|--|
| Centre name | |
| Head of centre | |
| Date of incident | |
| Time of incident | |

Candidate details

| Candidate URN | Candidate Name |
|----------------------|-----------------------|
| | |
| | |
| | |
| | |

Examination/assessment/end-point assessment details

| Qualification title/ Apprenticeship standard (if applicable) | Component title |
|---|------------------------|
| | |

Invigilator(s), assessment personnel and/or other witnesses

| Name | Role |
|-------------|-------------|
| | |

Complete sections A, B, C and D as indicated

SECTION A

Describe the nature of the suspected or actual malpractice/maladministration, including details as to how it was discovered, by whom and when:

SECTION B

Describe how the candidates/centre staff were made aware of the NCTJ examination/assessment/EPA procedures:

SECTION C

Portfolio, coursework, projects and end-point assessments:

| | Yes | No |
|---|-----|----|
| Did the candidate(s) sign the relevant assessment cover sheets to verify the submission was all their own work? | | |
| Did the centre/tutor sign the relevant assessment cover sheets to verify the submission was all the candidate(s)' own work? | | |
| Did the centre/tutor check the candidate(s)' assessment prior to submission to ensure it met the stated NCTJ assessment requirements? | | |

Examinations and timed assessment days:

| | Yes | No |
|---|-----|----|
| Were candidate(s) issued with a copy of the NCTJ 'candidate procedures' on the day of the particular exam/assessment? | | |
| Were candidate(s) reminded of NCTJ examination/assessment regulations at the beginning of the particular exam/assessment? | | |
| Remote exams and timed assessment days: if the incident occurred during a remote exam/assessment day, were candidates provided with the relevant NCTJ instructions and candidate procedures a minimum of 24 hours before the exam/assessment took place? | | |
| If the incident involved disruptive behaviour, did the candidate's behaviour cause disturbance to other candidates? | | |

If the answer to the last question above is yes and you wish to request a special consideration for other candidates, please submit an application for special consideration in the normal way.

All assessments:

| | Yes | No |
|---|-----|----|
| If the incident involved the introduction of unauthorised material, is the unauthorised material enclosed with this form? | | |
| If not, please give details below of the nature of the unauthorised material: | | |
| | | |

If the incident involved plagiarism, please provide full details here (i.e. title, author, edition, website) of the material plagiarised and include copies if possible:

If the incident involved use of generative AI, please provide full details here:

If there are any other details you feel are relevant to this incident, including mitigating circumstances, please give further information below:

SECTION D

Supporting evidence

| Evidence submitted with this form | Tick |
|---|------|
| Statement(s) from invigilator(s) | |
| Statement(s) from head of centre/tutor/assessor | |
| Statement from examinations officer | |
| Statement(s) from candidate(s) | |
| Statement from employer | |
| Seating plan of examination/assessment room | |
| Unauthorised material removed from the candidate(s) | |
| Copies of sources of plagiarised material | |
| Examination script, complete or incomplete | |
| Other (please give details) | |

If statement(s) from the candidate(s) are not enclosed, please confirm in this box that the candidate(s) have been given the opportunity to make a statement but have chosen not to do so:

To be completed by the Head of Centre

| | |
|-------------------------|--|
| Name | |
| Signature* | |
| Telephone number | |
| Date | |

If submitting this form by email, please ensure that all supporting documents are scanned and attached (preferably as PDF documents) to the same email.

*Submission by email from the centre's registered email address will be accepted in place of a signature.

CHECKLIST

This checklist is intended to assist centres and training providers when completing a report of suspected or actual malpractice/maladministration.

Please indicate by checking the boxes for the following points:

| | Yes | No |
|--|-----|----|
| Staff members and candidates have been informed of their individual responsibilities and rights | | |
| The individual concerned, whether a candidate or member of staff, accused of malpractice/maladministration should: | | |
| Be informed of the allegation made | | |
| Know what evidence there is to support the allegation | | |
| Know the possible consequences should malpractice or maladministration be proven | | |
| Have the opportunity to consider their response to the allegation | | |
| Have an opportunity to submit a written statement | | |
| Have an opportunity to seek advice and to provide a supplementary statement (if required) | | |
| Be informed of the applicable appeals procedure should a decision be made against them | | |
| Be informed of the possibility that information relating to an incident of malpractice/maladministration may be shared with other awarding bodies and end-point assessment organisations, the regulators, the police and/or other relevant professional bodies | | |

This form should be enclosed with the report of your investigation.

To return this form via email please send to: rachel.manby@nctj.com

If returning by post please return to:

Head of awarding
NCTJ Training Ltd
The New Granary
Station Road
Newport
Saffron Walden
Essex
CB11 3PL