



Malpractice Report Form B – Centre Staff Form

This form must be used by the Supervising Examiner to report an instance of suspected centre staff malpractice.

Centre Name:

Examination Paper:

Examination Level:

Centre Code:

Date and time of the incident:

(DD/MM/YY HH:MM)

Name of centre staff involved	Parent School	CID/EID	Role at centre

Tick the box if the following actions have been followed:

1. The staff has been informed about the nature of the suspected malpractice.
2. The staff has been given the opportunity to submit a written statement.
3. The staff has been made aware of the possible consequences of malpractice.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Describe about the suspected malpractice, including how it was discovered, when and by whom.
Use the extra sheet if required:**

List the evidence submitted with this form. This might include statements and other evidence.

Returning this form

Return this form in the miscellaneous box and email a copy to **controller@bcsea.bt**

Signature:

Name of the Supervising Examiner:

Date (DD/MM/YY):