**MM2 Notification of Suspected Malpractice**

Centres are expected to notify BIIAB Qualifications Limited as soon as possible of any instances of suspected malpractice and to co-operate fully in any investigation that may ensue. Please submit this completed form via email to [complianceandregulation@biiab.co.uk](mailto:complianceandregulation@biiab.co.uk).

Section A should be completed in all cases

Section B should be completed by the Invigilator in the case of written examinations / onscreen tests

Section C should be completed by the Quality Manager in the case of internal assessment / moderation

**SECTION A - GENERAL**

|  |  |
| --- | --- |
| **Full Centre Name** |  |
| **Full Qualification Title** |  |
| **BIIAB Qualification Code** |  |

**SECTION B – EXTERNAL ASSESSMENT**

|  |  |
| --- | --- |
| **Invigilator Name** |  |
| **Examination Officer Name** |  |
| **Examination Series** |  |
| **Nominal Role ID (where applicable)** |  |
| **Candidate Registration ID** |  |
| **Describe the nature of the malpractice / maladministration.**  *E.g. behaviour or the unauthorised material discovered* | |
|  | |
| **Did this incident impact on other candidates?**  *Please describe if behaviours disrupted other candidates or the presence of unauthorised materials has the potential to put the achievement of other candidates at risk* | |
|  | |

|  |  |
| --- | --- |
| **Evidence submitted –** *please tick and attach to this form as supporting evidence* | |
|  | **Invigilator Statement** |
|  | **Examination Officer Statement** |
|  | **Candidate Statement** |
|  | **Examination Room Seating Plan** |
|  | **Other –** *this may include evidence of mitigating circumstances. Please describe below* |
|  | |

**SECTION C – INTERNAL ASSESSMENT**

|  |  |
| --- | --- |
| **Quality Manager Name** |  |

|  |
| --- |
| **Describe the nature of the malpractice / maladministration** |
|  |

|  |  |
| --- | --- |
| **Evidence submitted –** *please tick and attach to this form as supporting evidence* | |
|  | **Quality Manager Statement** |
|  | **Evidence of Plagiarism** |
|  | **Assessment Records** |
|  | **Internal Quality Assurance Records** |
|  | **Other –** *please describe below* |
|  | |

|  |  |
| --- | --- |
| **Full Name** |  |
| **Job Title** |  |
| **Date** |  |