**Appendix 7: Technical Qualifications – Moderator notification of suspected malpractice**

**Confidential**

Moderators must complete and submit this form to the Technicals Quality team at technicals.quality@cityandguilds.com to notify City & Guilds of any incident of suspected malpractice relating to the delivery of Technical Qualifications.

The Technicals Quality team will review and discuss the notification form with the Investigation & Compliance team and a decision will then be made as to how to proceed.

|  |  |
| --- | --- |
| **Date and time when the suspected malpractice was identified** |  |
| **Centre number** |  | **Suffix** |  | **Centre name** |  |
| **Qualification number** |  | **Assessment(s)/ Component(s) the concerns relate to** |  |
| **Qualification level and title** |  |

|  |  |
| --- | --- |
| **Description of the nature of the suspected malpractice** Please include the specific AOs/tasks/sections/pages in the work submitted this relates to, as applicable |  |
| **Specific requirement(s)/policy the concerns are in breach of** Please indicate the page/section and City & Guilds document in which the requirement is specified |  |
| **Extent of the suspected malpractice** (contained to specific learners/across a cohort or entire centre)  |  |
| **Learner Enrolment number(s)** |  |
| **Learner Name(s) and Surname(s)** |  |
| **Has the *Declaration of Authenticity* been signed by the learner(s)** | Yes/No |
| **Have the concerns been discussed with centre staff** | Yes/No |
| **If so, please provide their name(s), position(s) and date** |  |
| **Have the concerns been discussed with the Principal Moderator.**If so, please provide their name | Yes/No |

Notification form completed and submitted by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** |  | **Position/role** |  |
| **Tel no** |  | **email** |  |
| **Signature** |  | **Date** |  |