**Appendix 8: End-point Assessment – notification of suspected malpractice**

**Confidential**

LIEPAs and/or IEPAs who discover, or suspect malpractice must complete this form and contact their EPA Team Leader to discuss their concerns. Staff there will liaise with the Investigation & Compliance team and a decision will be made as to how to proceed. Further guidance on Malpractice and Maladministration can be found in the IEPA Manual.



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Date of incident |  | | | | Time | | |  | | | |
|  | | | | | | | | | | | |
| 2 Customer number (inc. suffix if applicable) |  |  |  |  | |  | | |  |  |
|  | | | | | | | | | | | |
| 1. Customer name |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Apprenticeship standard | | | | | | | | | | | |
| Title and product number |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| EPA component - title and product code |  | | | | | | | | | | |
| EPA activity the malpractice was found in – check the box as appropriate   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Professional discussion |  | Interview |  | Assessment |  | Observation |  | | Presentation |  | Synoptic or work-based project |  | Portfolio |  | Employee reference |  | |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
| 1. Details of apprentice(s) involved | | | | | | | | | | | |
| Name | | | | | | | Apprentice enrolment no. | | | | |
|  | | | | | | |  | | | | |
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|  |  |
| --- | --- |
| 1. Details(s) of Customer/Employer staff and/or witnesses involved | |
| Name | Position |
|  |  |
|  |  |
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| 1. Describe the nature of the suspected malpractice, including details as to how it was discovered, by whom and when. Please note any high risk or urgent concerns. Ensure details are included of what sections, pages etc. the malpractice is present in.   In addition, please ensure the supporting evidence of malpractice is attached with the completed form. |
|  |

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| --- | --- |
| 1. Could the apprentice(s) have been unfairly advantaged or disadvantaged by the suspected malpractice? If so, please give details. | |
|  | |
|  | |
| 1. IEPA details | |
| Name (please print) |  |
| Email |  |
| Date |  |
| Signature |  |
| 1. Additional details | |
| LIEPA name |  |
| LIEPA email address |  |
| Has the LIEPA been made aware?  (Y/N, date and how e.g., email) |  |
| Has EPA Operations team been advised to hold results?  (Y/N, date, whom, how e.g., email) |  |