

Malpractice and Maladministration Reporting Form

1 Introduction

1.1 Malpractice and Maladministration Policy

We advise that both Learners and Centres read SFJ Awards’ Malpractice and Maladministration Policy to ensure you are familiar with the procedures and protocols that have been put in place. You can download a full copy of our policy at [www.sfjawards.com](http://www.sfjawards.com) or alternatively request a hard copy by contacting us as detailed below.

1.2 Completion of this form

Please take note of the following points:

* We take all cases of suspected or actual malpractice/maladministration very seriously
* Please provide as much information as possible by completing all sections of the form as fully as possible
* If required, please use additional sheets and provide any supporting evidence

1.3 Reviewing the Case

* Once we have received the form we will write to you confirming receipt
* When the final decision is made we will inform you of the outcome within ten working days
* At SFJ Awards we aim to have the whole review completed within a 30 day timeframe, however this may be longer depending on the nature of the case
* We will ensure that the specified contact/s in this form are kept updated

1.4 Contact Details

Address:

SFJ Awards

Distington House

Atlas Way

Sheffield

S4 7QQ

Awarding Organisation Manager:

Steve Batty

Email: Steve.batty@sfjawards.com

Telephone: 0114 231 7389

General Enquiries:

Email: info@sfjawards.com

Telephone: 0114 261 1499

www.sfjawards.com

2 Details

|  |  |
| --- | --- |
| Centre Name |  |
| Address |  |
| Main Centre Contact Name |  |
| Position |  |
| Telephone Number |  |

|  |
| --- |
|  |
|  | Name of Learners/Staff Applicable | Possible Sources of Evidence |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

Please contact the Centre Administrator to request a Learner’s Registration Number, if appropriate.

|  |  |
| --- | --- |
| Qualification Title |  |
| Date of Incident  |  |

3 Description of Case

|  |
| --- |
| Please detail in full the suspected or actual malpractice or maladministration below.Please use additional sheets where required and attach additional evidence. |
|  |

4 Personal Details

|  |  |
| --- | --- |
| Full Name (Block Capitals) |  |
| Position |  |
| Email Address |  |
| Telephone Number |  |
| Date |  |
| Signed |  |