**Section A**

**ALLEGED ASSESSMENT SYSTEM MALPRACTICE REVIEW**

**STRICTLY PRIVATE AND CONFIDENTIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS | | | |
| Name of Designated Lead Reviewer: |  | | |
| Position: |  | | |
| E-Mail Address: |  | | |
| Allegation reported by: |  | | |
| Reference Identifier: |  | | |
| Date of receipt of report (on form AI 01): | Click or tap to enter a date. | Time: |  |
| Sufficient information available to conduct a review: | Yes  No | | |
| Name/Contact Details of Learner available: | Yes  No | | |
| DECISION | | | |
| Proceed to Investigation: | Yes No | | |
| Rationale/Reason for Decision: |  | | |
| Date of Notification to Learner: | Click or tap to enter a date. | | |
| Format of Notification to Learner: |  | | |
| Details of Evidence and Further Comment: | | | |
|  | | | |

**Section B**

**ALLEGED ASSESSMENT SYSTEM MALPRACTICE REPORT**

**STRICTLY PRIVATE AND CONFIDENTIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INVESTIGATION DETAILS | | | | |
| Date of Commencement of Investigation: | | Click or tap to enter a date. | | |
| Date of Conclusion of Investigation: | | Click or tap to enter a date. | | |
| PERSONS CONSULTED OR WHO PROVIDED TESTIMONIES | | | | |
| Name/Identifier | Position | | | Consultation Type |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| DETAILS OF EVIDENCE/DOCUMENTS REVIEWED | | | | |
|  | | | | |
| INVESTIGATION FINDINGS | | | | |
| Allegation Substantiated: | | | | Yes  No |
| Investigation Findings/Outcome | | | |  |
|  | | | | |
| Date of Notification to Centre Manager or Nominee: | | | Click or tap to enter a date. | |
| Investigation Report Completed by: (Name) | | |  | |
| Position: | | |  | |
| Print Name: | | |  | |
| Date: | | | Click or tap to enter a date. | |

**Note: For all allegations, the Centre Manager or nominee will follow-up with a well-being check with the learner.**