**Section A**

**ALLEGED ASSESSMENT SYSTEM MALPRACTICE REVIEW**

**STRICTLY PRIVATE AND CONFIDENTIAL**

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| --- |
| 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**

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| --- |
| 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.**