

Suspected Malpractice Report

This form must be completed and returned to The London Institute of Banking & Finance as soon as possible after the examination date. The form must be completed by the centre for any suspected malpractice. If reporting student malpractice, please ensure that the form is fully completed. If reporting centre malpractice, please provide an overview of the suspected malpractice and complete the declaration.

Please complete one form for each incident.

Once complete, please send to **fcexams@libf.ac.uk** together with any supporting evidence.

PART A - CENTRE DETAILS

Centre name _____ Centre ADMN number _____
Examinations officer name _____ Contact number _____

PART B - STUDENT AND QUALIFICATION DETAILS

Student name _____ Student LIBF number _____
Qualification _____ Unit _____
Exams session number _____ Exam date _____

OVERVIEW OF SUSPECTED MALPRACTICE

Please provide a brief overview of the suspected malpractice case

SUSPECTED MALPRACTICE – FURTHER DETAILS

If the incident outlined in your overview involves a student's disruptive behaviour, did this cause disturbance to other students?

Yes / No

If the answer to the above question is yes and you wish to request Special Consideration for other candidates, please submit an application in the normal way.

If the incident outlined in your overview involves unauthorised material, is the unauthorised material included as evidence?

Yes / No

If the answer to the above question is **no**, please give details of the unauthorised material below.

If there are any other details you feel are relevant to this case, including mitigating circumstances, please provide further information below.

Were students reminded of examination regulations prior to the start of this particular examination? Yes / No

TCF Non-Exam Assessment ONLY

Had the student signed the student declaration stating that work completed was their own? Yes / No

SUPPORTING EVIDENCE

Please ensure all supporting evidence is scanned and emailed, together with this form, to fcexams@libf.ac.uk

Evidence submitted with this form

1. Statement(s) from Invigilator(s)
2. Statement(s) from student(s)
3. Copy of unauthorised materials
4. Other (Please give details)

If statement(s) from the student(s) is/are not included, please mark this box to indicate that they have been given the opportunity to provide a statement, but have opted not to.

YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our Privacy Notice (www.libf.ac.uk/privacy)

DECLARATION

- I declare that the information contained in this form is true and accurate and consent to the processing and use of personal data as outlined in the Privacy Notice.
- I confirm that by completing and submitting this form and associated evidence, I give consent to the processing and secure storing of the evidence provided.
- I confirm that I have read and understood the **Student Malpractice Policy / Centre Malpractice Policy**.

Signed _____ Date _____

Name (please print) _____