**Suspected customer staff malpractice**

**Notification form – Confidential**

The form must be used to notify City & Guilds EPAO, of suspected malpractice involving an approved EPA customer’s staff. Please note, this notification form does not constitute a malpractice report. Reports must follow the guidelines laid out in the ‘[Malpractice in End-point Assessments](https://www.cityandguilds.com/-/media/cityandguilds-site/documents/apprenticeships/malpractice-in-epa-policy-pdf.ashx)’ policy, to notify of all allegations or incidents of malpractice, actual or suspected **within 5 working days** of it being reported to them and prior to the commencement of any future EPA events for those affected.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Date of incident |  | | | | | | | | | | | | Time | |  | |
|  | | | | | | | | | | | | | | | | |
| 1. Centre number |  |  | | |  | | |  | |  | |  | Centre suffix (if applicable) | | |  |
|  | | | | | | | | | | | | | | | | |
| 1. Customer Name |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. EPA details | | | | | | | | | | | | | | | | |
| EPA number |  | |  | | |  | | |  | | Title | | |  | | |
|  | | | | | | | | | | | | | | | | |
| EPA component |  | | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | |
| EPA activity the malpractice was found in – check the box as appropriate | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Professional discussion |  | Interview |  | Assessment |  | Observation |  |
| Presentation |  | Synoptic or work-based project |  | Portfolio |  | Employee reference |  |
|  |  |  |  |  |  |  |  |

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| --- | --- |
| 1. Date incident was reported to management |  |

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| --- | --- |
| 1. Name(s) of staff involved | |
| Position | Staff name |
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| 1. Describe the nature of the suspected malpractice, including details as to how it was discovered, by whom and when. |
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| 1. Could the apprentice(s) have been unfairly advantaged or disadvantaged by the suspected malpractice? If so, please give details. | |
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| 1. Has the individual been subject to any penalties, including a warning, from City & Guilds in the last two years? If so, please give details. 2. To be completed by the Head of Centre/EPA Contact | |
|  | |
| **Name (please print)** |  |
| **Job title** |  |
| **Tel no:** |  |
| **Email** |  |
| **Signature\*** |  |
| **Date:** |  |
| \*Submission by email from the customer’s registered email address will be accepted in place of a signature.  Please submit the form to [investigationandcompliance@cityandguilds.com](mailto:investigationandcompliance@cityandguilds.com) to notify of all allegations or incidents of malpractice, actual or suspected **within 5 working days** of it being reported to them and prior to the commencement of any future EPA events for those affected. | |