**Appendix 10: Centre Investigation Malpractice Report**

**Section 1: Administration**

Please ensure the following details are completed.

|  |  |
| --- | --- |
| **Centre Name:**  |  |
| **Centre Number:**  |  |
| **City & Guilds Malpractice Reference:**  |  |
| **Date investigation commenced:**  |  |
| **Date investigation concluded:** |  |
| **Names/position of staff involved in the investigation:** |  |
| **Qualification(s) affected:**  |  |

**Section 2: Investigation submission checklist**

2.1 Please complete this checklist **prior** to the submission of the report to the Investigation & Compliance team.

|  |  |
| --- | --- |
| **Item** | **Y/N** |
| All relevant evidence submitted: |  |
| All statements signed and dated by interviewer/interviewee |  |
| Learner sample provided (if applicable/requested)  |  |
| Evidence that all implicated individuals have been given an opportunity to provide a statement if one has not been provided. (Email delivery/read receipts, letter tracking, etc.) |  |

2.2 Conflict of interest declaration

A conflict of interest is defined as a situation where an individual’s vested interests raise a question of whether their actions, judgment, and/or decision-making can be unbiased. For instance, a member of staff with a personal relationship or direct line management responsibility for the individual they are investigating.

If a conflict of interest cannot be avoided, for instance, where the centre is a small training provider with few staff, then the Investigation & Compliance team must be notified so that an alternative investigation strategy can be considered.

|  |  |
| --- | --- |
| I confirm that all individuals involved in the investigation and the production of this report did **not** have a conflict of interest in doing so. |  |

|  |  |
| --- | --- |
| **Name** |   |
| **Position** |   |
| **Date** |   |

**Section 3: Investigation activity**

3.1 Please provide a complete timeline of key investigation activities.

|  |  |
| --- | --- |
| **Date** | **Investigation Activity** |
|  |  |
|  |  |
|  |  |
|  |  |

3.2 Below is the list of allegations/concerns. Please ensure that all allegations/concerns are listed and that you have detailed whether you have concluded that there is evidence to substantiate the allegation.

|  |  |  |
| --- | --- | --- |
| **Ref**  | **Allegation/concern** | **Substantiated Y/N** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

3.3 Against each of your conclusions, please use the space below to detail your investigation activities, including references to any evidence that substantiates (or does not) the malpractice allegations/concerns.

|  |  |
| --- | --- |
| **Allegation ref:** | **Conclusion** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**Section 4: Conclusions**

Against each of findings, please detail your conclusions.

|  |  |
| --- | --- |
| **Allegation ref:** | **Finding** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**Section 5: Mitigations**

Please use the space below to detail any mitigating circumstances that City & Guilds may wish to consider when deciding if a penalty/sanction is applicable. Please note that ignorance of regulations and requirements will not, by itself, be considered a mitigating factor e.g.: refusing to take notice of regulations or failing to consider requirements.

|  |  |
| --- | --- |
| **Allegation ref:** | **Mitigation** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 6: Next steps**

Please use the space below to detail what action you will be taking as a centre to mitigate against further, similar incidents in the future.

|  |  |
| --- | --- |
| **Allegation ref:** | **Action** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 7: Head of Centre Declaration**

The Head of Centre must complete this declaration.

|  |  |
| --- | --- |
| I confirm that the findings in this report are based upon facts and knowledge, as they appeared to the individuals who carried out the investigation, and that this report is a true reflection of the findings.  | Choose an item. |

|  |  |
| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Signed:** |  |