

**Invigilator Report Form**

**National Qualifications 2024**

All fields are mandatory and must be completed according to section 9 of the *Handbook for Invigilators*.

**You must ensure that details reported are factual and do not express any personal opinion.**

|  |  |
| --- | --- |
| **Centre name** | **Centre code** |
|  |  |
| **Full name of candidate involved**(Use Appx 1 where you have multiple candidates) |  |
| **SCN of candidate involved** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of exam** | **Start time** | **Subject name** | **Level**  | **Paper** | **Subject code** |
|  |  |  |  |   |  |

**Click on the grey box to populate an (x) next to the relevant field(s).**

|  |  |  |
| --- | --- | --- |
| Prohibited item (**please state**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |[ ]  **PLEASE READ AND TICK**Was the reminder given to the candidate(s) to undertake a final check to ensure they were not in possession of any prohibited items before the start of the exam? | Yes |[ ]
| Other possible malpractice |[ ]   | No |[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue with the content of the question paper |[ ]   | Other exam material issue |[ ]   | Printing fault in the question paper |[ ]
| ICT Issue  |[ ]   | Alleged Invigilator Misconduct |[ ]   | All other incidents or interruptions |[ ]
|  |  |  |  |  |  |  |  |
| **Full details of the incident/interruption/issue:** |

|  |
| --- |
| **Full details of any action taken:** |

***I confirm that the above information is factually accurate and that a copy of the report has been passed to the head of centre or their delegate.***

|  |  |  |
| --- | --- | --- |
| Invigilator signature | Chief Invigilator signature | Date submitted to SQA |
|  |  |  |

Reports must be submitted by email **within two days** of the exam to invigilator.enquiries@sqa.org.uk

A typed name is acceptable in place of a written signature.

**Reports must not be enclosed in the script return envelopes or poly-envelope.**

Where reports refer to any physical evidence - faulty QPs / faulty CDs / contaminated scripts - then **please use the return envelope** marked Faulty Question Papers/CDs/Contaminated Scripts

and return with the completed report to SQA.

**For SQA use only**

|  |  |  |
| --- | --- | --- |
| **Date Received** | **Actioned By** | **Date Added to Database** |
|  |  |  |

**Appendix 1**

**Additional Candidates**

|  |  |
| --- | --- |
| **Full name of candidate** | **SCN of candidate involved** |
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