Invigilation Report

Centre Name:

Centre Code:

Subject:

Test:

Date:

Start Time:

End Time:

The test session started at .................. and finished at ...................

The test was carried out in accordance with the regulatory requirements and there were no disturbances.

OR

The test was carried out in accordance with the regulatory requirements and the following disturbances occurred.

(Please delete as applicable)

**Details of any disturbances**

**Details of any remote invigilation arrangements[[1]](#footnote-1)**

**Declaration:**

I confirm that the information provided is accurate.

Name:

Position in centre:

Date:

1. Provide details of the hardware and software being used, as well as details of how authentication and invigilation procedures have been adapted to incorporate this approach to assessment delivery. We will look sympathetically upon all such submissions – but without necessarily setting a precedent for future practice. This will be reviewed in due course. [↑](#footnote-ref-1)