

# Alcohol Licensing Qualifications

# Invigilator Incident Report Form

Please complete and send a copy to licensingqualifications@sqa.org.ukand keep a copy with the completed candidate question papers retained in the centre.

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| **Centre Name** | **Centre Number** | **Date of Exam** |
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| **Code** | **Title** | **Please Tick** |
| GR7R 46 | Scottish Certificate for Personal Licence Holders  |  |
| GR7T 46 | Scottish Certificate for Personal Licence Holders (Refresher) |  |
| GR7P 45 | Scottish Certificate for Safe Sale and Service of Alcohol  |  |

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| **Nature of Incident** | **Please Tick** |
| Issue relating to question paper |  |
| Administration |  |
| Incident/interruption |  |
| Malpractice: mobile phone |  |
| Malpractice: unauthorised aid |  |
| Malpractice: disruption |  |
| Other |  |

|  |  |
| --- | --- |
| **Candidate Name(s)** | **Candidate Number(s):** |
|  |  |

## Details of Incident:

### Invigilator Signature: Date:

### Internal Verifier Signature: Date:

### Head of Centre Signature (if malpractice): Date: