



Alleged or Suspected Malpractice Reporting Form

Introduction

Malpractice Policy

1. We advise that both Learners and Centres to read Defence Awarding Organisation Malpractice and Maladministration Investigation Procedure to ensure that you are familiar with the procedures and protocols that have been put in place. You can download a full copy of our policy on the DAO.Gov website:

https://www.gov.uk/government/groups/defence-awarding-organisation

Completion of this form

- 2. Please take note of the following points when completing this form:
 - We take all cases of suspected or actual malpractice/maladministration very seriously
 - Please provide as much information as possible by completing all sections of the form as fully as possible
 - If required, please use additional sheets and provide any supporting evidence

Contact Details

3. Please send all correspondence to the following:

Address:

Defence Awarding Organisation Defence Academy Headquarters Room TF08 Trenchard Shrivenham Swindon SN6 8LA

General Enquiries:

Email: enquiries.dao@da.mod.uk;

Telephone: 0044 1793 31 4187/ 96161 4187

To:			Fro	m:
DAO Compliance Modern Defence Awarding Trenchard Bldg Ro Shrivenham	Organisation		<in< td=""><td>sert Name/post> sert Centre Name> sert Centre Address></td></in<>	sert Name/post> sert Centre Name> sert Centre Address>
Wilts SWINDON SN6 8LA				sert e-mail> sert Tel No.>
enquiries.dao@da.	mod.uk		<in< td=""><td>sert File reference></td></in<>	sert File reference>
(01793) 314187 or	96161 4187		<in< td=""><td>sert Date></td></in<>	sert Date>
ALLEGED OR S	USPECTED M	ALPRACTICE OI	R MALADMINI	STRATION REPORTING
Qualification				
Date(s) of incident(s) or time period				
	Name	Unique Learner Number (ULN) or Employee Number [Learners only]	Contact details	Possible sources of evidence
Learner(s)				

Learning Facilitator

Internal Quality Assurer (IQA)

Other (state role)

Description of Case

Please deta and/or attac	nil in full the suspected malpractice or maladministration. ch additional evidence.	Use additional sheets when required			
Background	d:				
Malpractice	Event:				
Causes of Event:					
Recommendations:					
CENTRE IMMEDIATE ACTION Eg – Learners and Qualification claims on hold pending investigation.					
Signed					
Name					
Date					
Post/Role					
Tel No.					
email					