School MOE

Name Number

* Complete all sections, **including the details overleaf.**
* Give details in the space provided below.
* Email a copy of the completed form to [breaches@nzqa.govt.nz](mailto:breaches@nzqa.govt.nz?subject=Examination%20Breach)

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| **External Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mode of assessment | | | | | |  | Paper | | | | |  | | Digital | | | |  | | Composite | | | | | | | |  | | Submission | | | |
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| Subject | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| Level | | | | | |  | | Level 1 | | | | |  | | Level 2 | | | |  | | Level 3 | | | | | | | | | | | | |
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| Standard numbers (eg. 91978) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SAC candidate? | | | | | |  | | Yes | | | | |  | | No | | | | | | | | | | | | | | | | | | |
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| **Candidate details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Candidate First Names (given names) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| Candidate Surname (family name) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| National Student Number (NSN) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| Multiple Candidate Breach (Please provide candidate’s NSNs). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Candidate #2 | | | | |  | | | | Candidate #3 | | | | | | |  | | | | | | Candidate #4 | | | | | | |  | | |  | |
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| Candidate #5 | | | | |  | | | | Candidate #6 | | | | | | |  | | | | | | Candidate #7 | | | | | | |  | | |  | |
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| ***A copy of this report may be sent to the candidate(s)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Time of incident | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| What happened: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Continue over page if needed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | PTO TO SIGN AND DATE AND COMPLETE THE FORM. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| What happened (continued): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Were other candidates disadvantaged by this incident? If yes, please indicate to what extent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Action taken | | | | | | | | | | | | | | | | | | | | | | | | (use separate page, if necessary) | | | | | | | |  |
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| **Materials included with this report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | Any notes or additional materials taken from candidate/s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | Information retrieved from electronic devices (liaise with PN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | Room plan (who was sitting where), where applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Principal’s Nominee / Supervisor – Name and Signature  Email this form to [breaches@nzqa.govt.nz](mailto:breaches@nzqa.govt.nz) | | | | | | | | | | | | | | | | | | | | | | |  | Date | | | | |  | |
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