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

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