

**Invigilator Report Form**

**National Qualifications 2025**

All fields are mandatory and must be completed according to section 9 of the *Handbook for Invigilators*.

**You must ensure that details reported are factual and do not express any personal opinion.**

|  |  |
| --- | --- |
| **Centre name** | **Centre code** |
|  |  |
| **Full name of candidate involved** (Use Appx 1 where you have multiple candidates) | **SCN of candidate involved** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of exam** | **Start time** | **Subject name** | **Level**  | **Paper** | **Subject code** |
|  |  |  |  |   |  |

**Click on the grey box to populate an (x) next to the relevant field(s).**

|  |  |  |
| --- | --- | --- |
| Prohibited item (**please state**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |[ ]  Please select Yes or No for the question below | Yes |[ ]
| Other possible malpractice |[ ]  Was the reminder given to the candidate(s) to undertake a final check to ensure they were not in possession of any prohibited items before the start of the exam? | No |[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue with the content of the exam material |[ ]   | Disruption |[ ]   | Centre/Invigilator Oversight |[ ]
| ICT/Technical Issue  |[ ]   | Invigilator Misconduct |[ ]   | All other incidents or interruptions |[ ]
|  |  |  |  |  |  |  |  |

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| --- |
| **Start time of incident or interruption:** |

|  |
| --- |
| **End time of incident or interruption:** |

|  |
| --- |
| **Full details of incident or interruption:** |

|  |
| --- |
| **What actions were taken?**  |

Was this an AA candidate? Yes [ ]

 No [ ]

Were the correct Assessment Arrangements provided Yes [ ]

 No [ ]

 Yes [ ]

 N/A [ ]

Was the candidate provided with the full exam time entitlement? Yes [ ]

 No [ ]

|  |
| --- |
| **Additional comments:** |

***I confirm that the above information is factually accurate and that a copy of the report has been passed to the head of centre or their delegate.***

|  |  |  |
| --- | --- | --- |
| **Invigilator signature** | **Chief Invigilator signature** | **Date submitted to SQA** |
|  |  |  |

Reports must be submitted by email **within two days** of the exam to invigilator.enquiries@sqa.org.uk

A typed name is acceptable in place of a written signature.

**Reports must not be enclosed in the script return envelopes or poly-envelope.**

Where reports refer to any physical evidence - faulty QPs / faulty CDs / contaminated scripts - then **please use the return envelope** marked Faulty Question Papers/CDs/Contaminated Scripts

and return with the completed report to SQA.

**For SQA use only**

|  |  |  |
| --- | --- | --- |
| **Date Received** | **Actioned By** | **Date Added to Database** |
|  |  |  |

**Appendix 1 - Additional Candidates**

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| **Full name of candidate** | **SCN of candidate involved** |
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