



WHITEBRIDGE HIGH SCHOOL

Learning, Respect and Responsibility

Malpractice Advice Form

You are required to submit this form to the Deputy Principal within 5 days of the date it was issued.

STUDENT NAME:

COURSE:

TASK:

TEACHER: TASK DATE:

Teacher/Supervisor Use:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> plagiarism | <input type="checkbox"/> misrepresentation | <input type="checkbox"/> Attempt to gain advantage |
| <input type="checkbox"/> collusion | <input type="checkbox"/> failure to comply/breach of assessment conditions | <input type="checkbox"/> Intentional wrongdoing |

Teacher/Supervisor to briefly outline the reasons/allegation of malpractice

Date of initial advice of malpractice to student:

Date malpractice response due to Deputy Principal:

Student to Complete:

Please provide a written response below to the allegations of malpractice identified above.

(if more space is required please continue on a separate page)

(please attach/provide any evidence to support your response)

Number of pages attached:

Student: Parent:

Date: Date:

OFFICE USE ONLY: MALPRACTICE COMMITTEE

DEPUTY PRINCIPAL

Types of malpractice:

☐

plagiarism

☐

Misrepresentation

☐

Attempt to gain advantage

☐

collusion

☐

failure to comply/breach of assessment conditions

☐

Intentional wrongdoing

Outline of investigation process:

☐

Student notified within 5 days of task or within 2 week marking period for submitted task

☐

Statements provided in writing

☐

Copy of task / task notice attached

☐

Verified student HSC AMOW

☐

Verified student receipt of rules and HSC procedures

☐

Verified student receipt of Whitebridge High School Assessment Policy

☐

Evidence documents (provided by student attached)

MALPRACTICE COMMITTEE RECOMENDATION:

DEPUTY PRINCIPAL DECISION

☐

endorsed

☐

Endorsed with amended penalty

☐

Not endorsed

Penalty:

REASON/S:

☐

Student advised of outcome

☐

Malpractice register updated

☐

Head Teacher informed

☐

Parent advised

Process completed:

☐

Date:

Deputy Principal Signature:

Date: