



## Irregularity Report Form

Complete in triplicate for each irregularity that occurs in the examination room. The education district office and the centre must each keep a copy. Attach the original report to the answer book of the candidate. Complete the Irregularities Register.

Senior Certificate May-June		National Senior Certificate May-June		National Senior Certificate October-November	
--------------------------------	--	---	--	---	--

<b>Examination Centre No.</b>							
-------------------------------	--	--	--	--	--	--	--

Subject: \_\_\_\_\_ Paper: \_\_\_\_\_  
 Date of examination: \_\_\_\_\_ Session: \_\_\_\_\_ A.M./P.M.  
 Irregularity detected at: \_\_\_\_\_ (Time)

<b>Examination no.</b>									
<b>ID no.</b>									

Indicate nature of irregularities with an **X** in the appropriate block.

Administrative	Behavioural	Dishonesty	
Wrote incorrect subject	Late arrival at the examination centre	Caught copying or obtaining help from a fellow candidate	
Subject change	Creating a disturbance or intimidation or drunkenness	Assistance to a candidate provided by an official	
Two exam scripts with the same exam number	Failure to produce identification document	Presentation of fraudulent identification or an imposter	
Examination answer script missing or lost	Disregarding the arrangements and/or instructions	Candidate assisting another candidate	
Incorrect examination number or no examination number	Script removed from exam venue and submitted later	Found in possession of unauthorised electronic device/cell phone	
Exam number not on mark-sheet		Found in possession of unauthorised material	
<b>Other</b> (Provide detail)			

**COMMENTS / ACTION:** Please supply as much information about the irregularity as possible. Attach any relevant documentation, such as statements, correspondence, screen prints, pictures etc. to the Irregularity Report Form.

---



---



---



---

**I declare that the above information is correct.**

Candidate:	Chief Invigilator:
Name & Surname:	Name & Surname:
Cell no.:	Cell no.:
Alternative contact no.:	Tel no.:
Email:	Email:
Signature:	Signature:
Principal/Centre Manager:	Official School Stamp
Name & Surname:	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>
Cell no.:	
Tel no.:	
Email:	
Signature:	