Western Cape Government

Incident report form

Reference: 19/4/11/1

Complete for each irregular incident that occurs in the examination room and email back to: WCED.Irregularities@westerncape.gov.za

Indicate the examination incident occur with an X in the appropriate block:

SC May-June	NSC May-June	NSC October- November

Subject: _____ Paper: _____

Date of examination: _____ Session: _____A.M./P.M.

Examination number: _____ Time Incident occurred: _____

Indicate nature of the irregular examination incident:

Candidate arrive at examination venue where he/she is not registered	
Candidate arrive late (within the first hour of examination)	
Candidate tore page from answer book	
Candidate wrote his/her name on cover page of the answer script	
Power outage / Loadshedding	
Smartlock/ Glam Key errors	
Technical problems with equipment	
Other (Please supply as much information about the incident as possible)	

Examination Centre: _____

I declare that the above information is correct.

Print-Name of Senior Invigilator	Signature	Date	Contact Number	Email Address
Print-Name of Chief Invigilator	Signature	Date	Contact Number	Email Address
Print-Name of Principal	Signature	Date	Contact Number	Email Address