

Invigilation Report

Date	
Venue address	
Examination room/venue	
Examination title	
Examination code	
Time examination commenced	
Time examination closed	
Invigilator name(s) PLEASE PRINT	1. 2.
Invigilator(s) role within the organisation	1. 2.
Seating plan	<i>Complete the seating plan template and attach it to this invigilation report.</i>
Learner names	<i>Attach the attendance list to this invigilation report.</i>

Report detail

Provide a detailed summary of events during the examination. This should include:

- *names of people that entered or left the examination room*
- *description of the incident that has occurred (if applicable)*
 - *time the incident occurred*
 - *name(s) of people involved in the incident*
 - *nature of the incident and the actions taken*

Centre declaration	As the invigilator, I confirm that I have followed <i>VTCT's Instructions for Conducting Examinations</i> , and that all reasonable steps have been taken to ensure the integrity of the examination.
Invigilator signature(s)	1. 2.
Date	1. 2.