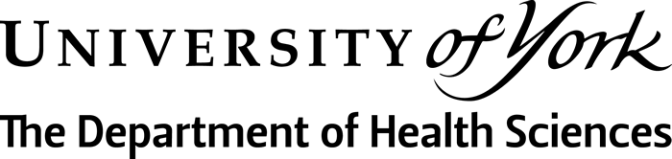
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**Breach of Confidentiality Notification and Removal Form**

**Marker Guidance – Procedure for confirming a breach:**

* First marker marks assessment and has identified a breach of confidentiality
* First marker completes Section A of this form
* Chair of Board of Examiners reviews this form and the assessment script
* Chair indicates final decision regarding breach in Section B
* This completed form is then returned electronically with the script to the Student Assessment Office by the marking deadline

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section A** | | | | |
| **Student Exam Number** | |  | **Module Code** |  |
| **Module Title** | |  | | |
| **Brief details of the breach of confidentiality identified** *(completed by marker)* | | | | |
|  | | | | |
| **Print Name** *(in capitals)* |  | | | |
| **Date** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section B** | | | |
| **Breach confirmed:**  **[ ] YES**  **[ ] NO** | Comments: | | |
|  | **Print Name** *(in capitals)* | **Signature** | **Date** |
| **Chair of Board of Examiners** |  |  |  |

**Student Guidance – Procedure for removal of breach:**

* **First breach –** The student should contact their supervisor to make contact regarding the confirmed breach of confidentiality within their assessment and discuss the Breach of Confidentiality Policy within **10 working days.**
  + The assessment containing the breach(es) should be reviewed and discussed by the supervisor with the student
  + The supervisor should review student’s understanding of the Breach of Confidentiality Policy
  + The student should clarify with the supervisor any areas of the policy that they may still find unclear
  + This form should be completed, signed and submitted to the Student Assessment Office by the supervisor no later than 4.30pm by the deadline stated in the Student Assessment Office breach letter
* **Second breach –** The assessment will be marked and the result released to the student in the usual manner, except that the mark awarded is conditional upon the removal of identifying references to people and/or places, and that the student must meet with their supervisor to discuss their understanding of the policy.
  + The student re-presents the assignment, within **20 working days** of the date on the letter informing them of the breach of confidentiality.
  + The student should bring the updated assessment with the breach(es) removed to the meeting
  + The assessment containing the breach(es) should be reviewed and discussed by the supervisor with the student
  + The supervisor should review student’s understanding of the Breach of Confidentiality Policy
  + The student should clarify with the supervisor any areas of the policy that he/she may still find unclear
  + This form should be completed, signed and submitted to the Student Assessment Office by the supervisor.
  + The student should resubmit the assessment no later than 4.30pm by the deadline stated in the Student Assessment Office breach letter
* **Third breach** – In the event of a third breach or further cases of breach of confidentiality by a student, the assessment mark will be withheld until the breach removed, **within 20 working days.**
  + The assessment containing the breach(es) should be reviewed and discussed by the supervisor with the student
  + The student should bring the updated assessment with the breach(es) removed to the meeting
  + The supervisor should review student’s understanding of the Breach of Confidentiality Policy
  + This form should be completed, signed and submitted to the Student Assessment Office by the supervisor.
  + The student should resubmit the assessment no later than 4.30pm by the deadline stated in the Student Assessment Office breach letter

|  |  |  |  |
| --- | --- | --- | --- |
| Notes following the meeting between the supervisor and student regarding clarification of the breach of confidentiality policy. | | | |
|  | | | |
| **Personal Supervisor’s Signature** |  | **Date** |  |
| I confirm that I have discussed the Breach of Confidentiality Policy with my supervisor and am aware of how to implement this correctly and the consequences of breaching confidentiality in the future. | | | |
| **Student’s Signature** |  | **Date** |  |