Did the candidate appear to be affected by the incident?

This incident report	t relates to: (plea	se tick the exam this inci	dent applies to	))		
				,		
Applied Knowled	ge Test (AKT)	Key Feature Problem	(KFP) FIG	CPI Oth	er assessment	
OSCE	Room No.	Rot	ation		Case No.	
PBA: (please indic	ate segment)	External clinical visit	Viv	ra Rec	orded consultations	
Date of exam	Time of incident	State	City		Venue	
• • • • • • • • • • • • • • • • • • • •						
Section A: <b>Candid</b> <b>Name</b>	ate's descripti	on of events (if applic RAC		Signature		Date
Important note to sta	<b>ff:</b> If Section A is co	ompleted by a candidate	Sections B a	nd C MUST be	e completed by the rele	vant Examiners.
		f events #1		nd C MUST be	e completed by the rele	vant Examiners.  Date
Section B: <b>RACGF</b> <b>Name</b>		f events #1	GP ID			

No

Yes, please explain

Section C: RAC(	GP description o		GP ID Sig	nature	Date	
Examiner	QA Examiner	Trainee Examiner	Invigilator/R	ACGP staff	Assessment Panel Chair/I	Delegate
Duration of inciden Was anything done		dent or to compensate t	for it at the time	<b>?</b> No	Yes, please explain	
		Otto de a in aid and O	Na Vas ale			
Did the candidate a	appear to be affecte	ed by the incident?	No Yes, ple	ease explain		
Office was an	s la c					
Office use on		member collecting and	submitting the	incident form		
Please include an	y comments or notes	s that you consider to be tion on handwriting etc.			n of this incident report	
		are comprehensible/easy mitting to national office.	to understand?	If required, plea	ase seek further clarification by th	ne
Comments						
Observation for south	and a DACOD	National Office From F	Nell'arm Tarm			
		National Office Exam D	Delivery Team:			
	ons and report details		v information from	n the relevant	evaminare for this condidate?	
Name	nas been completed	by candidate please seek		in the relevant 6	examiners for this candidate?  Faculty	
Namo		TIL			i douity	
Signature		Da	nte			