

Sickness/Misadventure Application Form

Before completing a Sickness/Misadventure form please read the following information carefully:

- 1. Has your performance in a school based examination been affected by a temporary sickness, non-permanent disability or unforseen misadventure suffered immediately before or during the examination period?
- 2. Were you prevented from attending an examination due to sickness and/or misadventure?

If you answered YES to either, or both of these questions you should complete this form. The circumstances must have been <u>beyond</u> your normal control.

If your difficulties in sitting a school based examination is the result of any of the reasons listed below, then your circumstances fall outside the policy and guidelines for Sickness/Misadventure.

- Difficulties in preparation or loss of preparation time
- Alleged deficiencies in tuition

Parent/caregiver

- Long term illness such as asthma and epilepsy unless you have suffered an acute episode of your illness during the examination period
- The same grounds for which you received special examination arrangements
- Misreading the examination timetable
- Misreading the examination instructions
- Events related to other school based assessment
- Attendance at a sporting or cultural event

Note: acceptance of this form does not guarantee the student will be able to sit the examination at another time.

** This form has been adapted from the Sickness/Misadventure information from the School Curriculum and

Standards Authority and is used for School purposes only. Students, parents and care givers should consult the official documentation on the School Curriculum and Standards Authority website: www.scsa.wa.edu.au

Section A - Students Details

Student Name:

Student Number:

Address:

Home Phone:

I declare that the information provided is true and correct to the best of my knowledge.

Student

Date

	etails below:		
Date of exam	Course	Details of effect performance/attendance	Did you attend the exam? YES/NO
	1		
ction C – Mis	sadventure evidence	(non-medical only) – to be completed by an independent v	witness
		non-medical nature and different to the list found on th	
		n independent witness. Any relevant information or su	pporting evidence
ust be writte	n below or attached.		
		o the applicant and may be contacted if further information is	s required
		the applicant and may be contacted if further information is	s required.
ote: the witnes	s must not be related to	o the applicant and may be contacted if further information is	s required.
ote: the witnes	s must not be related to		
ote: the witnes ame (block le elationship to	s must not be related to	of information:	
lame (block le elationship to Eg: teacher, no	s must not be related to tters): applicant/relevance eighbour, police office	of information:	

Date: _____

Signature:

Section D – Medical evidence – to be completed by an the n	nedical practitioner/registered health professional
This section must be completed if an applicant's claim on medical note or certificate may be supplied instead of cor	, , , , , , , , , , , , , , , , , , , ,
	Please write details below or use official stamp:
Medical Practitioner/Health Professional's name: Name and address of hospital/clinic/surgery:	
Telephone number	
I certify that I examined Mr/Mrs/Miss/Ms	On Name of applicant Date/s of consult
What is the medical diagnosis? (Please note that the inforconfidence and you should provide all relevant information the candidate for the examination).	, ,
Dates of onset and functional resolution of the problem:	From: To:
Category of illness: Mild Moderat	e Severe Chronic
I consider the above sickness to be of a temporary nature (please tick):	and, as result; I consider that the applicant is/was
 Disadvantaged because of temporary sickness whereare examination/s 	nen studying between// &// for the
 Disadvantaged because of temporary sickness wh // 	nen taking the examinations between// &
 Unfit because of the temporary sickness to sit the // 	e examinations held/to be held between// &
Signature of medical practitioner:	Date:

Administration Use ONLY

Letter Student/Home

Supporting Evidence Attached Yes No

Notes:			
Application approved	Yes No		
If yes course of action will	hai		
il yes course of action will	ue.		
Г			
If no reason is:			
Manager Senior School sign	ature:		
Date:			
Office Use Only			
Office Use Only			
Deputy Principal	Manager Senior School	Original Student File	