

Sickness/Misadventure Application Form 2024

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

Complete all details below:					
Date of exam	Course	Details of effect performance/attendance	Did you atten the exam? YES/NO		
ction C – Mis	sadventure evidence	(non-medical only) – to be completed by an independent v	vitness		
		non-medical nature and different to the list found on the			
		n independent witness. Any relevant information or su	pporting evidence		
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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 or psychological grounds is to be considered. A medical note or certificate may be supplied instead of completing all the details below.				
	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 whee 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

Application approved Yes No If yes course of action will be: If no reason is: Manager Senior School signature: Date:						
If yes course of action will be: If no reason is: Manager Senior School signature:	Notes:					
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Office Use Only	Office Use Only					
Deputy Principal Manager Senior School Original Student File	Deputy Principal	Manager Senior School	Original Student File			