

## 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 unforeseen 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 questions you should complete this form. The circumstances must have been beyond 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
- 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

If the application is accepted, the students is required to sit an alternative examination if feasible. If an alternative examination is not feasible then a nominal examination mark is calculated using student assessment, cohort assessment and cohort examination as a basis. The higher of the actual examination mark and the nominal examination mark becomes the examination mark that is given to you for that examination.

All applications related to written examinations should be submitted prior to or immediately following the last examination affected by the situation. Late forms will not be accepted past

*\*\* This form has been adapted from the Sickness/Misadventure information from the School Curriculum and Standards Authority and is used for School purposes only.*

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### Section A - Students Details

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Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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Parent/caregiver

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Student

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Date

**Section B – Course Details (To be completed by the applicant personally)**

Complete all details below:

Date of exam	Course	Details of effect performance/attendance	Did you attend the exam? YES/NO

**Section C – Misadventure evidence (non-medical only) – to be completed by an independent witness**

If the misadventure or event is of a non-medical nature **and different** to the list found on the opening page, the details should be recorded here by an independent witness. Any relevant information or supporting evidence must be written below or attached.


**Witness details**

*Note: the witness must not be related to the applicant and may be contacted if further information is required.*

Name (block letters): \_\_\_\_\_

Relationship to applicant/relevance of information: \_\_\_\_\_  
(Eg: teacher, neighbour, police officer)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section D – Medical evidence** – to be completed by an the medical 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.

<p>Medical Practitioner/Health Professional's name: Name and address of hospital/clinic/surgery:  Telephone number</p>	<p>Please write details below or use official stamp:</p>
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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 information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. Please explain how it impaired the candidate for the examination).


Dates of onset and functional resolution of the problem: From: \_\_\_\_\_ To: \_\_\_\_\_

Category of illness:                      Mild                      Moderate                      Severe                      Chronic

I consider the above sickness to be of a temporary nature and, as result; I consider that the applicant is/was (please tick):

- Disadvantaged because of temporary sickness when studying between \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_ for the examination/s
- Disadvantaged because of temporary sickness when taking the examinations between \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_
- Unfit because of the temporary sickness to sit the examinations held/to be held between \_\_/\_\_/\_\_ & \_\_/\_\_/\_\_

Signature of medical practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

***Administration Use ONLY***

**Supporting Evidence Attached**

**Yes    No**

**Notes:**

**Application approved**

**Yes    No**

**If yes course of action will be:**

**If no reason is:**

**Manager Senior School signature:**

**Date:**

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Office Use Only

Deputy Principal

Manager Senior School

Original Student File

Letter Student/Home