

# Illness/Misadventure Application

## Completing the application

When completing an Illness/Misadventure form, you should pay close attention to the instructions and complete all relevant sections. Submitting an incomplete application could jeopardise the success of your application

### **Illness/Misadventure Application Checklist**

Please tick to ensure:

- you have correctly recorded your student number
- you have completed Section A for the exam/task for which you wish to apply
- you have had Sections B1 and/or B2 completed and attached the relevant documents (e.g. medical certificate) for the exam/task for which you are applying
- you have signed Section A of this form
- you have received your student acknowledgement slip

## SECTION A – Student to complete

NAME: \_\_\_\_\_

STUDENT NUMBER:

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COURSE: \_\_\_\_\_

Name of Task/Examination: \_\_\_\_\_

Date of Examination/Task: \_\_\_\_\_

Was the absence COVID 19 related: Y/N (please circle)

If yes, please provide the date the school administration office and relevant faculty Head Teacher(s) were notified: \_\_\_\_\_. Note that only Section A needs to be completed for covid related absence.

<b>Details of Effect on Performance</b>  - Describe how illness or unforeseen misadventure affected your performance OR prevented your attendance OR prevented you from submitting the task  - Give details of any action you took to report this.	<b>Did you attend /Submit?</b>  <b>YES/NO</b>

### Student Declaration

I have carefully read the Information Guide for Students on this form and the HSC Assessment Policy detailing Illness/Misadventure applications. I have completed each item on the checklist.

I consider that my examination/task performance was affected by illness or unforeseen misadventure which occurred IMMEDIATELY before or during the examination/task, as set out above.

I declare that all the information I have supplied is true.

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

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

(Student must sign unless incapacitated)

I have attached a Medical Certificate from: \_\_\_\_\_

**This application must be lodged by the student unless incapacitated. If the application is lodged on behalf of the student, please complete the below:**

<b>Name of person lodging this application (Please print):</b>	
<b>Reason the student is not submitting the application:</b>	
<b>Signature:</b>	<b>Date:</b>

## SECTION B - Independent person to complete

**Independent evidence of illness** – complete Section B1. (You must attach a medical certificate)

**Independent evidence of misadventure** – complete Section B2.

The school advises that students should attend examinations/tasks unless it is considered detrimental to their health. Students who are unwell are advised to seek independent medical advice either immediately before or after the examination/task.

<b>SECTION B1 Independent evidence of illness</b>		
To be completed by a medical practitioner who is NOT related to the student		
<b>Diagnosis of medical condition:</b>	<b>Date of onset of illness:</b>	
<p>Please describe how the student's condition/symptoms could affect their performance. (If the student was unable to attend an examination or submit an assessment task, it is essential that you provide full details in the space provided or on additional sheet/s and attach them to the application.)</p>		
<p>Any other comments or information which may assist in the assessment of the student's application. (If there is not enough space, please attach additional sheet/s).</p>		
<b>Name:</b>	<b>Profession:</b>	<b>Place of work:</b>
<b>Telephone:</b>	<b>Signature:</b>	<b>Date:</b>

<b>SECTION B2 Independent evidence of misadventure</b>		
To be completed by a relevant person such as a police officer (if the issue is family-related then a parent/guardian must complete this section)		
<b>Description of Event (If there is not enough space, please attach additional sheet/s):</b>		
<b>Date of Misadventure:</b>	<b>Are you known to the student?</b> YES/NO	<b>If YES, nature of relationship:</b>
<b>Were you a witness to the event?</b> YES/NO	<b>If NO, how did you obtain the evidence you are providing?</b>	
<b>Name:</b>	<b>Profession:</b>	
<b>Telephone:</b>	<b>Signature:</b>	

## SECTION C – Head Teacher or Examination Supervisor to complete

*Written examination/task:* to be completed by the Class Teacher or Examination Supervisor

*Task Submissions:* to be completed by the Head Teacher

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

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

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

Record fully your observations of distress (if applicable) or disadvantage suffered by the student:

ACTION TAKEN:

.....tear here.....

### Illness Misadventure Application Student Acknowledgement

To be completed by:

- Head Teacher (Year 11 only)
- Deputy Principal Senior (Year 12 only)

<b>Student's Name:</b>	<b>Student Number:</b>							
<b>Name (Print):</b>	<b>Position:</b>							
<b>Signature:</b>	<b>Date:</b>							