

Illness/Misadventure Application

A student who was absent from an assessment task or believes that circumstances occurring immediately prior to or on the day of an assessment task, and which were beyond their control, leading to a possible diminished result in the task, should complete this application and give it to the **KLA Head Teacher** of the subject affected.

PART 1 - Eligibility Check

The following circumstances are not eligible reasons for an illness/misadventure application. Please check and confirm that none of these circumstances are the reason for your application.

- Unapproved leave from school during term time
- Difficulties in or loss of preparation time, e.g. due to an earlier/pre-existing illness
- Long-term illnesses, e.g. glandular fever, unless you suffer a flare-up during the exam
- The same grounds for which you received disability provisions, except for other difficulties during the exam
- Alleged deficiencies in teaching, e.g. extended teacher absences
- Loss of study time or facilities throughout the year
- Misreading assessment details or instructions
- Other commitments, such as participation in entertainment, family holiday or work, or attendance at exams conducted by other education organisations.

I confirm:

- ☐ None of the circumstances listed above are the reason for this application.

*Students with a long-term illness should apply to the Learning and Support Teacher for disability provisions. This illness/misadventure application can be completed for unexpected relapses of a long-term condition.

PART 2 - Student and Assessment Details

Student's name: _____ Roll Call: _____

Assessment task/s affected: _____

Date of assessment task/s: _____

Was the task completed? ☐ Yes ☐ No

If yes, when did you submit or sit the assessment? _____

What is the reason for this application?

☐ Illness (complete FORM A)

☐ Misadventure (complete FORM B)

Student's signature: _____ Date: __/__/__

Parent's signature: _____ Date: __/__/__

FORM A - Independent Evidence of Illness

This form is to be completed by a medical professional, when possible. Alternative independent evidence of illness may include a standard medical certificate which is dated the day of the assessment task or on an earlier date with coverage to the date of the assessment task. Please staple the certificate to this page.

Doctor's Name: _____ Date: ____/____/____

Address: _____

I certify that on the above date I examined _____

(Patient's name)

- ☐ The patient is suffering from _____
(Diagnosis provided with patient's consent where possible)

☐ The patient is suffering from a medical condition of a confidential nature.

In my opinion this condition will affect the completion of the following: *(please tick)*

	In minor way	Moderately	Severely
Class attendance	☐	☐	☐
Written assignments	☐	☐	☐
Practical assignments			☐
Private study			☐

Other period: _____ to _____

Examinations: The student is unable to sit for examinations on: _____

How may this illness affect the

Signature of medical practitioner

student's performance:

Doctor stamp (include provider number)



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FORM B - Other Evidence of Misadventure

This form should be completed by a student who has experienced an unexpected circumstance that has led to absence from an assessment or believes that circumstances immediately prior or during the examination have led to a diminished result. Eg. Death in the family.

Student name:	Date of misadventure:	Please describe in your own words, the misadventure that has been experienced. Include as much detail about the circumstances, answering the questions: what, where, how, and why the event or situation (as per prompts below) has affected their assessment performance or ability to complete.
What happened?		
Where and when did it occur?		
How did this impact your ability to complete the task?		
Student's signature:		
Parent's signature:		

PART 3 - Outcome (Head Teacher use ONLY)

Date application received: ____/____/____

Application outcome:

☐ Approved

☐ Not approved

Additional notes and/or next steps:

Date: ____/____/____

Date student informed: ____/____/____

Appeal to the SIHS Review Team requested by student: ☐ Yes ☐ No