



Illness/Misadventure Information Years 10, 11 & 12

Illness/Misadventure applications can be submitted where a sudden illness or misadventure:

- occurred immediately before or during an assessment
- was unexpected
- was beyond your control
- prevented you from attending OR diminished your exam performance.

If possible, you should attend every examination and submit what has been completed for hand-in assessments by the due time. If you do not complete/submit assessments and your application is unsuccessful you will receive a mark of zero. The school does not expect you to attend examinations against specific medical advice. .

How to Apply

- Seek relevant external evidence from a professional to validate your application. This includes a doctor's certificate, police report etc and must relate to the day of the task. (Section B)
- The student is to complete the remainder of the form (Section A) and submit to the Deputy Principal no more than two days after the original assessment date or the end of a scheduled assessment week.

Expectations upon return to school

- Students must submit the application form and speak with their class teacher.
- Hand-in tasks are to be submitted upon immediate return.
- Students should be prepared to sit examinations and in-class tasks upon their return.
- The usual practice for students who were not in attendance for examinations/in-class tasks will be a substitute task. A HT may allow a delayed sitting of the same task depending on circumstance and its validity. An estimate may be calculated if opportunity does not exist to sit a substitute task.
- Students who were present will receive either their mark or an estimate, whichever is higher.

Restrictions on Applications

You cannot submit an application on the basis of:

- difficulty preparing or lost preparation time (including technology failure)
- alleged deficiencies in teaching
- lost time or facilities for study
- misreading exam timetables and/or instructions
- long-term illness (e.g. glandular fever, asthma or epilepsy), unless you suffer a flare-up of the condition during an exam
- conditions for which you have been granted or should have applied for disability provisions, unless you have further unexpected difficulties
- courses where you are a self-tuition student
- other commitments such as participation in entertainment, family holiday, work, sporting events, or attendance at exams conducted by other education organisations.

Processing of Applications

- All completed applications are to be submitted to the Deputy Principal upon the student's immediate return. If absence is long-term, students should make contact with the Deputy Principal so the school is aware. The Deputy Principal will notify applicants if their application is unsuccessful.
- In the case an estimate is issued, this estimated mark/grade may change as the student completes further assessments over the course.
- Unsuccessful applications can be appealed, in writing, no later than 3 days after receiving the decision. The appeal will be considered by the senior executive.





Illness/Misadventure Application Form

For Years 10, 11, 12

Student Name: _____ Year: _____ Date: ____/____/____

NESA Student Number: _____

Year 11 and 12 students must include this number

SECTION A (to be completed by the supervising staff member)- *there are additional section A's on the final page if required*

NOTE: This is only required if you were impacted WHILE completing an assessment at school under the supervision of a staff member.

Statement and details of supervising staff member

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Name: _____ Signature: _____

Faculty: _____ Date: ____/____/____





SECTION B (to be completed by the student)

Student Declaration

I consider that my assessment performance was affected by an unforeseen illness or misadventure that occurred immediately before or during an exam, as set out in Section A of this form. I declare that all the information I have supplied is true (student must sign unless incapacitated).

_____ / _____
Student Signature

____/____/____
Date

Date of Exam	Name of Subject AND Assessment (One only per space)	For EACH and EVERY assessment, describe the specific impact of the unexpected illness or misadventure on your performance. DO NOT use dittos, or write 'AS ABOVE', but describe for EACH assessment task	Did you attend or submit on time? YES/NO





SECTION C (independent evidence)

Normally completed by a doctor or other health professional, a counsellor or a police officer. This person must not be related to the student.

Information for independent person:

To accurately assess the Illness/Misadventure, the following information is required:

1. In the case of illness, the date of onset of the illness, plus any additional dates of consultations. In the case of misadventure, the date and time of the occurrence and subsequent events is required.
2. The specific details of the illness/misadventure should be outlined. In the case of illness, health professionals must describe the student's symptoms and describe how these symptoms impeded assessment performance. If the student was unable to attend an examination, it is imperative that details be provided.
3. If possible, some indication of the duration of the condition should be given.

Statement and details of independent Person:

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Name: _____ Telephone: _____

Title: _____ Signature: _____

Address: _____ Date: ____/____/____

Parent/Carer statement:

Only complete if there are exceptional circumstances as to why independent evidence cannot be submitted.

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

Parent/Carer Signature

____/____/____

Date





SECTION D (OFFICE USE ONLY)

Deputy Principal approval:

YES

NO

CONDITIONAL

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Senior Executive Signature

____/____/____
Date

OPTIONAL- if multiple onsite assessments were impacted by illness or misadventure.

Additional SECTION A (to be completed by the supervising staff member)

Statement and details of supervising staff member

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Name: _____

Signature: _____

Faculty: _____

Date: ____/____/____





OPTIONAL- if multiple onsite assessments were impacted by illness or misadventure.

Additional SECTION A (to be completed by the supervising staff member)

Statement and details of supervising staff member

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Name: _____ Signature: _____

Faculty: _____ Date: ____/____/____

Statement and details of supervising staff member

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Name: _____ Signature: _____

Faculty: _____ Date: ____/____/____

Statement and details of supervising staff member

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Name: _____ Signature: _____

Faculty: _____ Date: ____/____/____

