

2023 Illness/Misadventure Application

Student Checklist, Information & Declaration [Student to complete]

Answer **all** fields in this form to support the consideration of your application.

1. Student details	
Student Name	
Student Number	

Eligibility check

Check if any of the following are your reason for this application:

- 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 during Year 12
- misreading the exam timetable - if you miss an exam or arrive late to an exam because you misread the timetable, contact your principal immediately. They may make a submission to NESA on your behalf
- misreading exam instructions
- failure to enrol/enter for the exam in the correct course
- illness and/or misadventure in a course that is undertaken as a self-tuition student
- other commitments, such as participation in entertainment, family holiday, work or sporting events, or attendance at exams conducted by other education organisations

Note: If one or more of the reasons above are ticked ✓ **you cannot submit** an application

Contact your school principal to:

- **check** if you are eligible
- **submit** your application.

2. Student Checklist

Check and complete each step below before you submit your application to your school principal.

I have:

<input type="checkbox"/> experienced an unexpected illness or misadventure that occurred immediately before or during the exam (applies to each exam I am applying for) and/or
<input type="checkbox"/> experienced an unexpected illness or misadventure prevented me from attending the exam (written or practical)
<input type="checkbox"/> read the Student Information
<input type="checkbox"/> correctly recorded my full name and student number at the top of all forms
<input type="checkbox"/> completed Section A with a separate row of different details given (not just copied) for each/every exam that I wish to apply for
<input type="checkbox"/> collected the required independent evidence <u>immediately before or immediately after each affected exam</u>
<input type="checkbox"/> advised the Presiding Officer (exam), teacher (practical submissions), or NESA examiner/marker (performance/speaking exams). Only required to do so if exam attended
<input type="checkbox"/> had Sections C1 and/or C2 completed OR have attached the required independent evidence for each affected exam. Note: A medical certificate that merely states you were unfit for work/study is unacceptable
<input type="checkbox"/> read and completed the Student Declaration
<input type="checkbox"/> saved each of the following documents to give to my school principal , so my they can submit my completed application to NESA: <ul style="list-style-type: none"> <input type="checkbox"/> this Student Checklist, Information & Declaration (<i>student completes</i>) <input type="checkbox"/> Section A – Effect on exam performance (<i>student completes</i>) <input type="checkbox"/> Section C1 – Independent evidence of illness (<i>relevant health professional completes</i>) <input type="checkbox"/> Section C2 – Independent evidence of misadventure (<i>relevant person e.g., police officer, funeral director completes</i>) <input type="checkbox"/> Independent evidence as well as or instead of Section C1 or C2 (<i>e.g., photographs, written signed report from a relevant person, as per Section C2 – to be collected by the student on day of the exam</i>)

3. Student Information

Before completing this application, read the full information on applying for Illness and Misadventure in the **Higher School Certificate Rules and Procedures** on the NESA website at <https://educationstandards.nsw.edu.au/wps/portal/nesa/11-12/hsc/rules-and-processes/2023-rules-and-procedures-guide>.

Attendance at Exams

- **You must attend every exam where safe to do so.** Do not miss an exam just because you do not feel able to do your best. The Illness/Misadventure program is designed to support students who perform below their expectations because of unforeseen illness or misadventure.
- If you do not attend an exam and your Illness/Misadventure application is unsuccessful, you will not receive a result in that course. This could mean that you are ineligible for the award of the Higher School Certificate.

NESA does not expect you to attend an exam against specific medical advice. If you cannot attend an exam (including a practical exam) you must notify your principal immediately. Provide them with all relevant sections of the Illness/Misadventure form and any other relevant medical documentation to support your application.

Limitations on Applications and Evidence

NESA's responsibility is limited to the conduct and presentation of the exams. This means students may only apply to NESA in relation to circumstances that occur **immediately** before or **during** an exam that effect their performance in the exam.

You must seek independent evidence **on the same day, either immediately before or after each exam** for which you are applying. The documentation you provide must be **current, specific to the date and time of the exam**, and submitted with all parts of the Illness/Misadventure form.

A medical certificate that merely states you were unfit for work/study is unacceptable.

Your Rights and Responsibilities

- It is your right and responsibility to submit an Illness/Misadventure application whenever necessary. Pay close attention to the instructions and complete all relevant sections.
- Only if you are incapacitated, an application may be submitted by your parent/guardian on your behalf.

Key Dates for Applications

Practical exams – one week after the affected exam or submission date

Written exams – within one week of your **last** exam **and** no later than the last scheduled HSC exam.

Decision

You will be notified of the outcome of your application on the same day as you receive your Higher School Certificate results.

4. Student Declaration

I, (write your full name) _____ Student Number: _____

request that the NSW Education Standards Authority (NESA) consider my application for Illness/ Misadventure.

I have carefully read the **Higher School Certificate Rules and Procedures** on the NESA website at <https://educationstandards.nsw.edu.au/wps/portal/nesa/11-12/hsc/rules-and-processes/2023-rules-and-procedures-guide> and have followed the instructions on this form.

I believe that my exam performance was affected by **unexpected** illness or misadventure which occurred **immediately before or during** my exam(s). All of the information that I have supplied is true and correct.

I give permission for NESA officers, or a NESA medical practitioner, to obtain further details from any person who has provided evidence in Sections C1, or C2, if considered necessary by NESA.

Student's signature _____

Student's contact number _____

Student's email address _____

Date _____

Note: If the student is unable to sign for themselves, please contact **Student Support** (02) 9367 8117

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Section A - Impact on Exam Performance

[Student to complete]

Answer **all** fields in this form to support the consideration of your application.

1. Student details				
Student Name				
Student Number				
2. Did you have disability provisions for any of your exams?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you already submitted an application for any other exams?				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If yes to question 3. above, list the other exams below:				
5. Details – Effect of illness/misadventure on exam performance				
Complete a separate row of new details for each exam (do not just copy the same comments):				
Date of exam	Name of exam <small>(e.g., English paper 1)</small>	Did you attend?	Describe the specific impact of the unexpected illness or misadventure on your exam performance?	What action did you take to report this (to the Presiding Officer, Doctor, relevant person e.g. police officer)?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Section B – Supervising Staff Observations

[Presiding Officer, Teacher, or NESA examiner/marker to complete]

Answer **all** fields in this form to support the consideration of the student's application.

1. Observed student details	
Student Name	
Student Number	

2. Supervising staff details	
Name	
Supervising position (tick which applies)	<input type="checkbox"/> Presiding Officer – written exam <input type="checkbox"/> Class teacher – practical submissions <input type="checkbox"/> NESA examiner/marker – performance/speaking exams
Exam Centre	Centre name _____ Centre number _____
Staff member contact number	
Signature	

3. Details – Observations of the effect of illness/misadventure on the student's performance				
<ul style="list-style-type: none"> Complete a separate row of new details for each exam (please do not just copy the same comments) Include any knowledge you have regarding the unexpected nature of the illness/misadventure 				
Date of exam	Name of exam E.g. English Standard Paper 1	Did the student report illness and/or misadventure?	Provide detailed observations (e.g. bleeding nose, constant coughing, guitar string broke)	Estimate of total time lost during exam
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Details – Observations of the effect of illness/misadventure on the student’s performance

- Complete a separate row of new details for each exam (please do not just copy the same comments)

Include any knowledge you have regarding the unexpected nature of the illness/misadventure

		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Have you also attached further information? Please do so if you wish to provide further information (photographs, further comments) that may assist in the consideration of the application

- Yes - if yes, how many attachments (separate to this form) did you submit to NESA? _____
- No

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Section C1 – Independent Evidence of Illness

[Doctor or appropriately qualified health professional to complete]

Important information for the student

- Only **one** health professional should complete this form. If multiple health professionals need to contribute information, each one should complete a separate form.
- NESAs will not accept this form if anyone other than the signatory has written on it.
- Providing false or fraudulent information, including editing, or adding to the health professional's comments, is a breach of the HSC rules. The Examination Rules Committee may deem this malpractice and impose a penalty on your HSC results.

Important information for the medical/health professional

- **Students are required to attend all exams, even where they believe their performance may be adversely affected by illness (unless it is not safe to do so, in accordance with medical advice).**
- NESAs's Illness/Misadventure program considers the specific impact of the situation on the student's performance in the exam.
- Students who are unwell must seek independent medical advice either **immediately before or after** the exam (this requirement applies separately to **each exam**.)
- Answer all questions based on your own professional opinion.
- The student has given permission for NESAs to obtain further information relating to the application from anyone completing section C1.
- Any fee for providing this report is the responsibility of the student.

A medical certificate that merely states student was unfit for work/study is unacceptable.

Answer **all** fields in this form to support the consideration of the student's application.

Patient (student) name	
Diagnosed medical condition	
Date of onset/diagnosis of illness	
Doctor or health professional details	
Name	
Profession	
Qualifications/specialty	
AHPRA Registration Number	
Practice/organisation of employment	
Phone number	
Signature	
Date	

1. List all date(s) and time(s) of consultations/meetings related to this illness

2. Describe fully how the student's condition and symptoms will or has impacted their exam performance (or the student's medical inability to attend an exam if applicable)

Additional sheet(s) may be attached if necessary

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Section C2 – Independent Evidence of Misadventure

[Relevant person to complete]

Important information – student

- * Independent evidence must be gathered from a relevant person such as a police officer, fire brigade, roadside assistance etc. – if more than one, each should complete a separate form.
- NESAs will not accept this form if anyone other than the signatory has written on it.
- Providing false or fraudulent information, including editing or adding to the health professional's comments, is a breach of the HSC rules. The Examination Rules Committee may deem this malpractice and impose a penalty on the student's HSC results.

*Important information – relevant person

- **Students are required to attend all exams, even where they believe their performance may be adversely affected by misadventure (unless it is not safe to do so as per specific evidence).**
- NESAs's Illness/Misadventure program considers the specific effect of the situation on the student's performance in the exam.
- Students who experience unforeseen misadventure affecting their performance in their exam(s) must seek independent advice and evidence either **immediately before or immediately after** the exam (this requirement applies separately to **each exam**).
- Answer all questions based on your own professional opinion.
- The student has given permission for NESAs to obtain further information relating to the application from anyone completing section C2.
- Please note that any fee for providing this report is the responsibility of the student.

Please answer **all** fields in this form to support the consideration of the student's application.

1. Student name

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2. Type of identification sighted (please request, eg student photo card, license include number)

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3. Date of misadventure

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4. Are you known to the student?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If yes, what how do you know the student and what is the nature of your relationship?	
6. Were you a witness to the event?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If No, how did you obtain the evidence you are providing?	
8. Please describe in your own words, the misadventure that the student has experienced. Include as much detail about the specific circumstances, answering the questions: what, where, how, and why the event or situation occurred (as per prompts below) has affected their exam performance (or the student's medical inability to attend an exam if applicable). Additional sheet(s) may be attached if necessary	
What happened?	
Where did it occur?	
How did the situation unfold, as it directly relates to the student?	
Why was the student involved and affected, from your observations? If it was not safe or possible for the student to attend their exam, why not?	
9. Relevant person details	
Name	
Position of employment	
Organisation/place of work	
Phone number	
Signature	
Date	