

Illness/Misadventure Application

Preliminary/HSC Assessment Task



This form - **MUST** be used for all illness/misadventure applications
 - **MUST** be submitted to your Deputy Principal **before 8:20 am** on the first school day not covered by your medical certificate and/or your evidence of misadventure.

Refer to the *Evidence of Illness/Misadventure* section in your student assessment booklet.

Name:		Year group:
Mentor/Personal Mentor:		
Course:		
Class teacher:	Head teacher:	
Date of task:	Assessment task:	

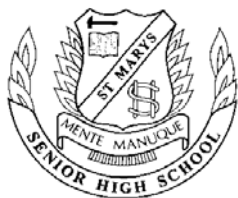
Reason for application (please tick):	<input type="checkbox"/> Illness <input type="checkbox"/> Misadventure <input type="checkbox"/> Prior knowledge of absence (due to a clash between an assessment task and another school activity)
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Category from student assessment booklet (please tick ONE selection from below): <input type="checkbox"/> Extension to submit or complete an assessment task (Note: This must be applied for before the due date of a task) <input type="checkbox"/> Absent from school on the day an assessment task is due to be handed in <input type="checkbox"/> Absent from school on the day of an assessment task <input type="checkbox"/> Misadventure adversely affected performance during an assessment task (Note: An illness/misadventure application MUST be commenced on the day of the assessment task) <input type="checkbox"/> Sick during the completion of an assessment task at school. (Note: Independent evidence of this MUST be obtained)

Reasons supporting application (to be completed by the student):

I have attached evidence to support my application (please tick and complete ONE selection from below): Independent Evidence of Illness: <input type="checkbox"/> Section 1 of the <i>Independent Evidence of Illness/Misadventure</i> form Completed by Dr: _____ Dated: _____ Independent Evidence of Misadventure: <input type="checkbox"/> Section 2 of the <i>Independent Evidence of Illness/Misadventure</i> form Completed by: _____ Dated: _____

Student Signature: _____ Date: _____



Independent Evidence of Illness/Misadventure Preliminary/HSC Assessment Task

This form should be used for all illness/misadventure applications
Refer to the *Evidence of Illness/Misadventure* section in your student assessment booklet.

Name: _____ Year group: 11 / 12

SECTION 1: Independent evidence of illness: to be completed by a medical practitioner

Diagnosis of medical condition:

Date(s) and time(s) of consultations/meetings relating to this illness:

Please describe how the student's condition/symptoms could affect their examination/assessment task performance. (If the student is **unable to attend an exam/assessment task**, it is essential that you provide full details. If required, please attach extra). Extra attached

Examinations/Assessment Tasks: I certify that the student is medically unfit to sit for an examination/assessment task, or to attend school to submit an assessment task:

The date of: _____

OR

For the period starting on date: _____ and finishing on date: _____

Any other comments or information which may assist in the assessment of the student's application. Extra attached

Please note that any fee for providing this report is the responsibility of the student.

Name of doctor or health professional providing this information:

Place stamp here

Place of work / organisation:

Contact phone:

Address:

Signature: _____

Date: _____

SECTION 2: Evidence of misadventure: to be completed by a relevant person

Date of misadventure event:

Description of event:

Name:

Profession:

Place of work / organisation:

Address:

Contact phone:

Signature: _____

Date: _____

Further evidence attached (please describe): _____