

## 2024 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.

\*\* The above circumstances may be covered by other appeals mechanisms. Please see your KLA Head Teacher for further information.

### PART 2 - Student and Assessment Details

Student's name: _____	Roll Call: _____
Assessment task/s affected: _____	
Date of assessment task/s: _____	
Was the task completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when did you submit or sit the assessment? _____	
What is the reason for this application?	
<input type="checkbox"/> Illness (complete FORM A) <input type="checkbox"/> Misadventure (complete FORM B)	
Student's signature: _____	Date: ___ / ___ / ___
Parent's signature: _____	Date: ___ / ___ / ___



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### FORM A - Independent Evidence of Illness

This form is to be taken to the Office and the relevant KLA Head Teacher

#### MEDICAL CERTIFICATE to be completed by Doctor

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the period: \_\_\_\_\_ to \_\_\_\_\_

**Examinations:** The student is unable to sit for examinations on: \_\_\_\_\_

How may this illness affect the student's performance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Doctor stamp (include provider number)*

Signature of medical practitioner

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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.

<b>Student name:</b>	
<b>Date of misadventure:</b>	
<b>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.</b>	
What happened?	
Where and when did it occur?	
How did this impact your ability to complete the task?	
<b>Student's signature:</b>	
<b>Parent's signature:</b>	

**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