Illness / Misadventure Application

Stage 5 (Year 10) / Preliminary / HSC Assessment Task

This form MUST be used for all Illness / Misadventure Applications. Refer to the Evidence of Illness / Misadventure section in your student Assessment Booklet.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Roll Call:</th>
<th>Date of Task:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course:</td>
<td>Assessment Task:</td>
<td></td>
</tr>
</tbody>
</table>

- Prior knowledge of absence (due to a clash between an Assessment Task and another School Activity)
- Reason for application (please tick): ☐ illness or ☐ misadventure
- Category from Student Assessment Booklet (please tick ONE selection from below):
  - ☐ Extension to submit or complete an Assessment Task
  - ☐ Absent on the day before an Assessment Task or ☐ Absent in the two weeks prior to a Major Examination
  - ☐ Absent from school on the day an Assessment Task is due to be handed in
  - ☐ Absent from school on the day of an Assessment Task
  - ☐ Misadventure adversely affected performance during an Assessment Task (Note: An Illness / Misadventure Application MUST be commenced on the day of the Assessment Task.)
  - ☐ Sick during the completion of an Assessment Task at school. (Note: A medical certificate 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:**
- ☐ Section 1 of this Application form (see reverse) completed by Dr. Dated:
- ☐ Medical Certificate (attached) completed by Dr. Dated:

**Evidence of Misadventure:**
- ☐ Section 2 of this Application form (see reverse) completed by Dated:
- ☐ Other (please describe): Dated:

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Deputy Principal / Head Teacher Administration / Principal recommendation:
- ☐ No loss of marks. Extension granted. Assessment task to be submitted by: ________________________________
- ☐ No loss of marks for being absent on the day before an assessment task.
- ☐ No loss of marks for being absent in the two weeks prior to a Major Examination.
- ☐ No loss of marks. Organise with Head Teacher completion of original task on: ________________________________
- ☐ No loss of marks. Organise with Head Teacher completion of substitute task on: ________________________________
- ☐ Assessment task to be reduced by 10% due to: ________________________________________________________
- ☐ Other:                                                                                                 ________________________________

Signature Deputy Principal/Head Teacher Admin/Principal: __________________________ Date: __________________

Copies to:
- ☐ Central File
- ☐ Student
- ☐ Deputy Principal (Years 11 – 12)
- ☐ Head Teacher Administration (Year 10)
- ☐ Head Teacher(s):
**Independent Evidence of Illness / Misadventure**

**Stage 5 (Year 10) / Preliminary / HSC Assessment Task**

This side of the form can be used to support Illness / Misadventure Applications. Refer to the Evidence of Illness / Misadventure section in your student Assessment Booklet.

| Student Name: ___________________________ | Girraween High School Roll Call Class: ________ |

### SECTION 1: Independent evidence of Illness: to be completed by a medical practitioner.

- **Diagnosis of medical condition:**
  - 

- **Date of onset of illness:**
  - 

- **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 exam/assessment task, it is essential that you provide full details. If required, please attach extra).*  

- **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, on:
  - 

- **Any other comments or information which may assist in the assessment of the student’s application.**  

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

- **Name of doctor or health professional providing this information:**
  - 

- **Profession:**
  - 

- **Place of work / organisation:**
  - 

- **Address:**
  - **Contact phone:**
  - **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):**