ILLNESS / MISADVENTURE FORM

Preliminary / HSC Course

The illness and misadventure process is available to support students who are unwell or have an accident or other misadventure immediately prior to or on the day of an assessment or examination. A student needs to submit a separate application and supporting evidence for each assessment or examination affected. Procedures outlined in TFHS Illness/Misadventure policy must be followed.

This form must be submitted to the appropriate Head Teacher prior to the due date where applicable or on the first day a student returns to school.

Note: Failure to fully complete this form or provide necessary detail and supporting documentation will result in an application being declined.

Student Name: _____ Year: _____

Course: _____ Teacher: _____

Title of Task: _____ Due date of task: _____

Category (please tick one):

- **illness** – that is, illness or physical injuries suffered directly by the student which allegedly affected the student's performance in an assessment or examination, **OR**
- **misadventure** – that is, any other event beyond the student's control which allegedly affected the student's performance in an assessment or examination.

Limitations

The illness/ misadventure application process **does not** cover:

- other commitments, such as work, attendance at a sporting or cultural event or family holiday, or
- alleged inadequacies of teaching or loss of preparation time, loss of study time or facilities for study, or
- long-term illnesses such as glandular fever, asthma or epilepsy unless the student has a 'flare-up' of the condition immediately before or during an assessment or examination, or
- the same grounds for which a student has received a disability provision, unless they experience additional difficulties during an assessment or examination, or
- matters avoidable by the student e.g. misreading their examination timetable or instructions, or not ensuring appropriate safeguards to protect their work e.g. technology, computer or printing problems.

Student statement:
(Describe how illness or misadventure affected your performance or prevented your attendance. Give details of any action you took to report this. Attach evidence to support your statement.)

I hereby apply for consideration with respect to the task for the following reasons:

Attach any additional notes to this form if you run out of space here.

Supporting Documentation

Medical certificate is attached: Yes ☐ No ☐

Additional information is attached: Yes ☐ No ☐

Note -*a medical/doctor's certificate that clearly outlines the medical incident or condition which allegedly impacted the student's attendance, performance, or submission for a school-based assessment task. W**e will not accept a medical certificate that merely states a student is unfit for work/study**.*

Student declaration:

I have carefully read the information provided in TFHS Illness/ Misadventure policy regarding the rules and procedures for illness/ misadventure for students.

I consider that my performance was affected by illness or misadventure which occurred immediately before or during the assessment/ examination.

In applying for this special consideration, I assure the Principal that the information given above is true and accurate and that I am not seeking unfair advantage over other students in this course.

Student signature: _____ Date: _____

Parent / Caregiver signature: _____ Date: _____

Recommendation of Teacher / Head Teacher:

- ☐ Sit or submit task without penalty
- ☐ Complete a substitute or alternate task
- ☐ Extension of time granted or rescheduling of the task
- ☐ Zero mark awarded
- ☐ N warning to be issued. Task to be completed for demonstration of outcomes.

Revised due date (if applicable) : _____ / _____ / _____

Reason/s for decision:

Teacher: _____ Head Teacher: _____ Date: _____

Deputy Principal Endorsement:

☐ Approved ☐ Not Approved

Reason/s for decision:

Deputy Principal: _____ Date _____

- □ Student and parent/ caregiver have been notified of the outcome of their application in writing.
- □ Student and parent/ caregiver informed of appeal process.

Illness and Misadventure Appeal Form

Please submit this appeal form (within 3 school days of the Deputy Principal's decision) to the Principal.

Appeal to Principal

Student Name: _____ Year: _____

Course: _____ Teacher: _____

Task Name: _____ Due date of task: _____

Are you seeking an appeal for (circle) (a) illness OR (b) misadventure

Reason/s for Appeal: (New evidence to support application. Please attach additional evidence to this form as required.)

_____

_____

_____

_____

_____

_____

Student's signature: _____ Date: _____

Parent / Caregiver signature: _____ Date: _____

For Office Use Only:

Principal Decision

☐ No change to the Illness or Misadventure decision. Reason/s:

_____

_____

☐ Change to the Illness or Misadventure decision. Reason/s:

_____

_____

_____

☐ Student & Parent/caregiver informed.

Signed: _____(Principal) Date: _____