



## **ASSESSMENT TASK ILLNESS/MISADVENTURE APPEAL**

Student's name \_\_\_\_\_

Subject \_\_\_\_\_

Date of task \_\_\_\_\_

Reason for illness/misadventure

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**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 all consultations/meetings relating to this illness  
\_\_\_\_\_

Please describe how the student's condition/symptoms could affect their examination performance or ability to complete set task. (if the student was unable to attend an examination, it is essential that you provide full details in the space provided or on addition sheets(s) and attach them to the application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments of information which may assist in the assessment of the student's appeal. (if there is not enough space, please attach additional sheet(s).

\_\_\_\_\_  
\_\_\_\_\_

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

Name of doctor or other health professional providing this information

\_\_\_\_\_

Profession \_\_\_\_\_

Place of work/organisation \_\_\_\_\_

Address \_\_\_\_\_

Contact phone \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_



**Independent evidence of misadventure**

*To be completed by a relevant person such as a Police Officer*

Date of misadventure event \_\_\_\_\_

Were you a witness to the event Yes / No

If no, how did you obtain the evidence you are providing?

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Are you known to the student? Yes / No

If yes, nature of relationship \_\_\_\_\_

Description of event

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Name \_\_\_\_\_

Profession \_\_\_\_\_

Place of work/organisation \_\_\_\_\_

Address \_\_\_\_\_

Contact phone \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_