



ORAN PARK
ANGLICAN COLLEGE

OFFICE USE ONLY			
Date Received / /	Registered <input type="checkbox"/>	Student Records <input type="checkbox"/>	HoF Notification <input type="checkbox"/>

Illness/Misadventure Application Form

Name	
Pastoral Care Class	
Name of Course	
Name of Task	
Date of Task	

SECTION A - Student Declaration and Statement

I, _____ (name) request that my application for Illness/ Misadventure be considered.

Student's signature: _____ Date: _____

I am applying for

- Illness (complete section B and C)
- Misadventure (complete section D)

SECTION B – Reason for Illness

SECTION C - Independent Evidence (Illness)

To be completed by a medical practitioner

Diagnosis of medical condition _____

Date of illness onset _____

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

Please describe how the student's condition/symptoms have or could affect their examination performance or ability to complete set task. (If the student was unable to attend the examination, it is essential that you provide full details in the space provided below or attach additional relative documentation to the application)

Additional comments or information which may assist in the assessment of the student's appeal.

Name of doctor or other health professional providing this information

Profession _____

Place of work/organisation _____

Address _____

Provider number _____

Contact phone _____

Signature _____

Date _____

Provider stamp here:

SECTION D – Independent Evidence (Misadventure)

(a non-medical circumstance beyond a student's control that affects their ability to study or undertake an assessment task)

To be completed by a relevant person such as a police officer

Date of misadventure event _____

Where you a witness to the event Yes / No

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

Are you known to the student? Yes / No

If yes, nature of relationship _____

Description of Event

Profession _____

Place of work/organisation _____

Address _____

Contact phone _____

Signature _____

Date _____