

OFFICE USE ONLY			
Date Received / /	Registered <input type="checkbox"/>	Student Records <input type="checkbox"/>	HoF Notification <input type="checkbox"/>
Approved: Director of Studies			Date Approved: / /

Illness/Misadventure 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. I did/did not attend/submit the assessment task (circle the appropriate response)

Student's signature: _____

Date: _____

I am applying for (please tick):

- 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:

Your details

Name of doctor or other health professional providing this information:

Profession: _____

Contact Phone: _____

Signature: _____

Date: _____

Provider stamp here:



Section D: Independent Evidence (Misadventure) - To be completed by a relevant person such as a police officer

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

Date of misadventure event: _____

Were you a witness to the event? (please tick) Yes No

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

Are you known to the student? (please tick) Yes No

If yes, what is the nature of the relationship?

Description of Event

Your details

Name: _____

Profession: _____

Place of work/organisation: _____

Address: _____

Contact Phone: _____

Signature: _____

Date: _____