ILLNESS/MISADVENTURE APPEALS
INFORMATION FOR STUDENTS

Introduction
Before completing the attached Illness/Misadventure appeal form read the following information carefully in conjunction with your Assessment Guide.

Illness/Misadventure appeals are to be used when a student:

• is prevented from attending an examination due to illness or misadventure; or
• considers that their performance in an examination has been affected by illness or misadventure immediately prior to (no more than 5 days) or during the examination period.

Appeals received after examination results are released will not be considered.

Do not hesitate to approach the Deputy Principal, Curriculum if you require advice or assistance.

Attendance at Examinations
You should attend every examination if at all possible. If you do not attend the examination and your Illness/ Misadventure appeal is unsuccessful you will not receive a mark for that task. The School does not, however, expect you to attend an examination session against specific medical advice.

How to Appeal
1. Consult the Deputy Principal, Curriculum immediately upon your return to school. You will be provided with an official Illness/ Misadventure Appeal form. Alternatively a form may be collected from the office, mailed home or downloaded from the school’s internet site: www.kirrawee-h.schools.nsw.edu.au/. If an absence occurs during a major examination period the school must be contacted and details of the absence provided. Where an absence is likely to be long term, the school must be contacted.

2. Complete Section A of the Illness/Misadventure form.

3. Section B of the Illness/Misadventure appeal form should completed by a health professional or another appropriate person, e.g. a counsellor or police office. A Doctor’s Certificate is usually not specific enough to support your appeal. If a student suffers bereavement or some other misadventure such as lateness due to public transport failure, a parent statement must made in the relevant section.

4. Hand the completed form to the Deputy Principal, Curriculum as soon as possible.

Only if a student is incapacitated may an appeal be submitted by a parent/carer on the student’s behalf and no later than 2 days after the examination.

Restrictions on Appeals
You cannot submit an appeal on the basis of:

• difficulties in preparation or loss of preparation time as a result of illness or some other difficulty;
• the same grounds for which you received special provisions, unless you experience additional difficulties during the exam session;
• alleged deficiencies in tuition; or
• misreading the examination timetable.

Processing of Appeals
All fully completed appeals received by the Deputy Principal, Curriculum will be reviewed by the Illness/Misadventure Review Committee chaired by the Deputy Principal, Curriculum. Students applying for Illness/Misadventure are required to attend a review meeting at a time scheduled by the Committee.
ILLNESS/MISADVENTURE APPEAL FORM

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<thead>
<tr>
<th>Student Number</th>
<th>Last Name</th>
<th>First Names</th>
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**Student Appeal Declaration**

I consider that my examination performance was affected by an unforeseen illness or misadventure that occurred immediately before or during the examination(s), as set out in Section A of this form.

I declare that all the information I have supplied is true (student must sign unless incapacitated).

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date</th>
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**SECTION A (to be completed by the student)**

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<tr>
<th>Date of Exam</th>
<th>Name of Exam (One only per space) You must describe the task e.g. 2 Unit French written exam.</th>
<th>For EACH and EVERY examination, describe how unforeseen illness or misadventure affected your performance or prevented your attendance. Give details of any action you took to report this. DO NOT use dittos, or write 'AS ABOVE', but describe how your performance was affected for EACH assessment task</th>
<th>Did you attend? YES/NO</th>
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SECTION B
INDEPENDENT EVIDENCE OF ILLNESS OR MISADVENTURE

For appeals based on illness this section will normally be completed by a doctor, or other health professional. If appropriate, it may be completed by another person, e.g. a counsellor or a police officer. This person must not be related to the student.

If a student suffers bereavement or some other misadventure, a parent statement must be made in the relevant section.

Information for Students
- The school urges you to have this section completed by a relevant person in one of the above categories. Additional reports and medical certificates will be considered, but it is preferable to have the independent evidence written in the space provided.
- If a separate document is to be provided, it is still important that the person supplying the evidence reads the instructions below.

Information for Health Professional/ Counsellor etc:
For the Illness/Misadventure Review Committee to accurately assess the circumstances of this student’s appeal, the following information is required:

1. In the case of illness, the date of onset of the illness, plus any additional dates of consultations. In the case of misadventure, the date and time of the occurrence and subsequent events is required.

2. The specific details of the illness/misadventure should be outlined. In the case of illness, health professionals must describe the student’s symptoms and describe how these symptoms impeded the student’s examination performance. If the student was unable to attend an examination it is imperative that details be provided in the space below.

3. If possible, some indication of the duration of the condition should be given.

Details of Person Providing Statement

Name: ____________________________

Profession: _________________________

Address: __________________________ OR

Telephone: _________________________

Signature: _________________________ Official Stamp

Information for Parent Making Statement (see over)
SECTION B (continued)

Information for Parent Making Statement:
This statement must only relate to a misadventure or bereavement as described earlier.

I declare that all the information I have supplied is true.

Parent Signature:  
Date

SECTION C

Assessment Committee Recommendation:

Signed on behalf of the Assessment Committee  
Date: