



## 2024 Illness / Misadventure Application – Years 10, 11 and 12

Complete all these forms and submit electronically to the Deputy Principal via email within 7 days of the due date of task

### Student Checklist, Information and Declaration

(Student to complete)

Answer **all** fields in this form to support the consideration of your application.

1. Student Details	
Student Name	
Student Year Group	

#### Eligibility Check

<p><b>Check if any of the following are your reason for this application:</b></p> <p><input type="checkbox"/> Loss of ability to prepare prior to assigned time for completion of task as per assessment notification</p> <p><input type="checkbox"/> Long term illnesses, e.g. glandular fever, unless you suffer a flare-up during the task</p> <p><input type="checkbox"/> The same grounds for which you received disability provisions, except for other difficulties during the task</p> <p><input type="checkbox"/> Misreading the task notification or task timetable – if you miss a task or arrive late to a task, contact the Deputy Principal immediately.</p> <p><input type="checkbox"/> Other commitments, such as participation in entertainment, family holiday, work, extra-curricular or sporting events (<i>elite level representation may be considered upon application</i>)</p> <p><b>Note:</b> If one or more of the reasons above are ticked ✓ <b>you cannot submit</b> an application.</p>
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Contact your Deputy Principal to:

- **Check** if you are eligible and seek advice on evidence required
- **Submit** your application

#### 2. Student Checklist

Check and complete each step below before you submit your application to the Deputy Principal.

I have:

<input type="checkbox"/> experienced an unexpected illness or misadventure that occurred immediately before or during the task (applies to each task I am applying for) and/or
<input type="checkbox"/> experienced an unexpected illness or misadventure which prevented me from attending the tasks (written or practical) or impacting completion of hand-in task.
<input type="checkbox"/> read the Student Information
<input type="checkbox"/> correctly recorded my full name and year group at the top of all forms
<input type="checkbox"/> advised the Deputy Principal and test invigilator or class teacher
<input type="checkbox"/> had Sections 2A and 2B completed OR have attached the required independent evidence for each affected task. <b>Note: A medical certificate that merely states you were unfit for work/study is unacceptable</b>
<input type="checkbox"/> read and completed the Student Declaration
<p><b>saved my own copy of each</b> of the following documents to give to the Deputy Principal: this includes:</p> <p><input type="checkbox"/> Student Checklist, Information and Declaration (<i>student completes</i>)</p> <p><input type="checkbox"/> Section 1 - Effect on task performance (<i>student completes</i>)</p> <p><input type="checkbox"/> Section 2A - Independent evidence of illness (<i>relevant health professional completes</i>)</p> <p><input type="checkbox"/> Section 2B – Independent evidence of misadventure (<i>relevant person e.g. police officer, funeral director completes</i>)</p> <p><input type="checkbox"/> Independent evidence as well as or instead of Section 2A or 2B (<i>e.g. photographs, written signed report from a relevant person, as per Section 2B – to be collected by the student on the day of the task</i>)</p>



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### 3. Student Information

Before completing this application, read the full information on applying for illness and Misadventure in the School’s Assessment Policy and Schedules Booklet.

#### Attendance at Task

- You must attend every task where safe to do so. Do not miss a task just because you do not feel able to do your best. The Illness/Misadventure program is designed to support students who perform below their expectations because of unforeseen illness or misadventure.
- If you do not attend a task and your Illness/Misadventure application is unsuccessful, you will not receive a result for the task.

The school does not expect you to attend a task against specific medical advice. If you cannot attend the task, you must notify the Deputy Principal immediately. Provide them with all the relevant sections of the Illness/ Misadventure form and any other relevant medical documentation to support your application.

#### Limitations on Applications and Evidence

Students may only apply in relation to circumstances that occur **immediately** before or **during** a task that effect their performance in the task.

You must seek independent evidence **on the same day, either immediately before or after each task** for which you are applying. The documentation you provide must be **current, specific to the date and time of the task**, and submitted with all parts of the Illness/Misadventure form.

A medical certificate that merely states you were unfit for work/study is unacceptable.

#### Your Rights and Responsibilities

- It is your right and responsibility to submit an Illness/Misadventure application whenever necessary. Pay close attention to the instructions and complete all relevant sections.
- Only if you are incapacitated, an application may be submitted by your parent/guardian on your behalf.

#### Key Dates for Applications

**Tasks – one week after** the affected task or submission date.

### 4. Student Declaration

I, ..... Student Year Group: .....

*(write your name in full)*

request that the school consider my application for Illness/Misadventure.

I have carefully read the **School’s Assessment Policy and Schedules Booklet**, and have followed the instructions on this form.

Student’s signature: .....

Student’s contact phone number: .....

Student’s email address: .....

Date: .....

**Note: If the student is unable to sign for themselves, please complete the below**

Name of Parent/Guardian:..... Signature: .....

Relationship to Student:.....

Contact phone number: ..... Contact email address:.....

Date: .....



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Section 1

(Student to Complete)

Answer all fields in this form to support the consideration of your application.

Student Details				
Student Name				
Student Year Group				
Did you have disability provisions for this task?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for more than one task?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Details – Effect of Illness/Misadventure on task performance				
Date of task	Name of course and task number <i>(e.g. English Paper 1)</i>	Did you attend/submit?	Describe the specific impact of the unexpected illness or misadventure on your task performance	What action did you take to report this? <i>(to the Deputy Principal, Invigilator, or staff member)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



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#### Section 2A – Independent Evidence of Illness

(Doctor or appropriately qualified health professional to complete)

Section 2A can be completed with electronic sign off, or handwritten needs to signed and scanned as attachments.

Important information for the student
<ul style="list-style-type: none"> <li>Only one relevant person should complete this form. If multiple relevant persons need to contribute information, each one should complete a separate form.</li> <li>This form will not be accepted if anyone other than the signatory has written on it.</li> <li>Providing false or fraudulent information, including editing, or adding to the relevant person's comments, is a breach of the school assessment policy. This may be determined as malpractice and impose a penalty on your results.</li> </ul>

Important information for the medical/health professional
<ul style="list-style-type: none"> <li><b>Students are required to attend all tasks, even when they believe their performance may be adversely affected by illness (unless it is not safe to do so, in accordance with medical advice).</b></li> <li>The specific impact of the situation on the student's performance in the task will be considered.</li> <li>Students who are unwell must seek independent medical advice either immediately before or after the task. (this requirement applies separately to each task)</li> <li>Answer all questions based on your own professional opinion.</li> <li>The student has given permission for the school to obtain further information relating to the application from anyone completing Section 2A.</li> <li>Any fee for providing this report is the responsibility of the student.</li> </ul>
<b>A medical certificate that merely states student was unfit for work/study is unacceptable</b>

Answer all fields in this form to support the consideration of the student's application.

Patient (student) name	
Diagnosed medical condition	
Date of onset/diagnosis of illness	
Doctor or health professional details	
Name	
Profession	
Qualifications/ specialty	
AHPRA Registration Number	
Practice / organisation of employment	
Phone number	
Signature	
Date	

1. List all date(s) and time(s) of consultations/meetings related to this illness	
2. Describe fully how the student's condition and symptoms will or has impacted their task performance (or the student's medical inability to attend the task if applicable) <i>Additional sheet(s) may be attached if necessary.</i>	



## NBSC Manly Campus

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A large, empty rectangular box with a thin black border, intended for the completion of the application form.



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#### Section 2B – Independent Evidence of Misadventure

(Relevant person to complete)

Section 2B can be completed with electronic sign off, or handwritten needs to signed and scanned as attachments.

Important information for the student
<ul style="list-style-type: none"> <li>Only one relevant person should complete this form. If multiple relevant persons need to contribute information, each one should complete a separate form.</li> <li>This form will not be accepted if anyone other than the signatory has written on it.</li> <li>Providing false or fraudulent information, including editing, or adding to the relevant person’s comments, is a breach of the school assessment policy. This may be determined as malpractice and impose a penalty on your results.</li> </ul>

Important information for the relevant person
<ul style="list-style-type: none"> <li><b>Students are required to attend all tasks, even when they believe their performance may be adversely affected by misadventure (unless it is not safe to do so, in accordance with specific evidence).</b></li> <li>The specific impact of the situation on the student’s performance in the task will be considered.</li> <li>Students who experience unforeseen misadventure must seek independent advice and evidence either immediately before or after the task. (this requirement applies separately to each task)</li> <li>Answer all questions based on your own professional opinion.</li> <li>The student has given permission for the school to obtain further information relating to the application from anyone completing Section 2B.</li> <li>And fee for providing this report is the responsibility of the student.</li> </ul>

Answer **all** fields in this form to support the consideration of the student’s application.

1. Student name	
2. Type of identification sighted (please request e.g. student photo card, license -include number	
3. Date of misadventure	
4. Are you known to the student	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, how do you know the student and what is the nature of your relationship?	
6. Were you a witness to the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If no, how did you obtain the evidence you are providing?	
8. Please describe in your own words, the misadventure that the student has experienced. Include as much detail about the specific circumstances, answering the questions: what, where, how and why the event or situation occurred (as per prompts below) has affected their task performance (or the student’s medical inability to attend a task, if applicable) <i>Additional sheet(s) may be attached if necessary.</i>	
What happened?	



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Where did it occur?

How did the situation unfold, as it directly relates to the student?

Why was the student involved and affected, from your observations? If it was not safe or possible for the student to attend their task, why not?

**9. Relevant person details**

Name	
Position of employment	
Organisation / place of work	
Phone number	
Signature	
Date	