

Illness / Misadventure Application

Take this application with you to the professional authority providing supporting documentation. If the professional authority provides independent supporting documentation, they <u>must</u> complete page 45 for an illness or page 46 for a misadventure. <u>Stage 6 students</u> must complete all relevant sections of this application from pages 44, 45 and 46. <u>Stage 4 and 5 students</u> only complete page 44.

	Independent Documentary	Evidence Attached:	Yes		No				
Student name:			Year:	7	8	9	10	l1 1	12
	ble to identify the task(s) that you	ou believe <u>has/have bee</u>	n or <u>will</u>	<u>be</u> aff	ected			he tas	
Course:	Task:	Value ^c	√ Task	# D	ate of	Task:	Yes	No)
Student statement: (Describe how details	s of illness or unforeseen misac	dventure affected your pe	erforman	ce or	preve	nted yo	our atte	ndanc	e)
2. 1									
Student signature:				Date:					
Parent signature:									

This completed form with all supporting documentation is now to be emailed to killara-h.school@det.nsw.edu.au by 3pm within five school days of the due date of the assessment task or upon resumption of schooling. Whichever occurs earlier applies.

You will be informed of this decision within 5 school days of lodgement of this Illness/Misadventure Application.

IF YOU ARE NOT SATISFIED WITH THE DETERMINATION YOU MAY APPEAL IN WRITING TO THE HEAD TEACHER OF THE COURSE WITHIN FIVE SCHOOL DAYS OF RECEIVING THE RESULT OF THIS APPLICATION.



Independent Evidence of Illness

To be completed by an Independent Professional Authority, such as a GP or specialist doctor.

Student's name:		s) on which the nt was seen:			
TO THE INDEPENDEN Your help in provi This information will as	ding information reg	garding this stude	ent's illness is ap	preciated.	
	edical certificate <u>m</u>		to this form.		
Nature of Illness: (Attach an additio	nal statement if nec	cessary)			
Date(s) or period(s) of illness:	FROM:		то:		
Please describe how the student's ability to complete the assessmen essential to provide full details in the	t on the set date. I	f the student was	unable to attend	-	
Assessment of severity of illness (Please tick scale as appropriate)	:	-	-	mpact on student's the assessment:	
MILD		MILD			
MODERATE		MODERA	TE		
SEVERE		SEVERE			
ndependent Professional Authori	ty:				
Name:				Stamp:	
Profession:					
Address:					
Contact phone number:					
Signature: Date:					



Independent Evidence of Misadventure

To be completed by an Independent Professional Authority, such as a police officer.

Student's name:			Date	of misadventure event:
TO THE INDEPENDENT	PROFES	SION	AL AUTHORIT	Y PROVIDING DOCUMENTATION
				sudent's illness is appreciated. sessment of this illness application.
Supporti	ng docu	menta	ary evidence sl	nould be attached.
Were 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, descri	be the nature of the relationship:
Description of misadventure event:				
	ate. If the	stude	nt was unable to	camination performance or their ability to attend an examination, it is essential to provide
Independent Professional Authority:				
Name:				Stamp:
Profession:				
Address:				
Contact phone number:				

Date:

Signature:

Steps in the Event of Illness or Misadventure

If you are absent due to illness or misadventure on the day an assessment task is scheduled or due, you are required to complete the following process to avoid automatic penalties:

Contact the School

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- You or your parents/carers must notify the Head Teacher of the relevant subject on the day of the missed assessment task by making a phone call to the school on (02) 9498-3722.
- You can also leave a detailed voicemail message and/or send an email explaining your absence.



Complete the Illness/Misadventure Application (available here)

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- On the same day of your missed task, take this form to the relevant professional authority to complete the Independent Evidence of Illness OR Misadventure page.
 - In Stages 4 and 5 (Years 9-10), students can submit documentary evidence from their parent/carer in place of the Independent Evidence of Illness form.
- If you are visiting a medical professional, you must <u>request a doctor's certificate</u> to accompany the Independent Evidence of Illness form.
- Fill in all sections of the first page, including student and parent signatures.



Attach Evidence

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- You must attach evidence that covers the day of the assessment task and all other absences until the task is completed.
- Pay close attention to all instructions on the three pages of the Illness/Misadventure Application. Submitting incomplete forms will jeopardise the application's success.



Submit the Illness/Misadventure Application

- Within 5 school days of the due date of the assessment task OR on the first day of your return to school (whichever occurs earlier), <u>submit the completed Illness/Misadventure Application</u> <u>with all supporting evidence</u>, either:
 - o in hard copy to Student Services

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- o in digital format (including scans) to killara-h.school@det.nsw.edu.au
- You must attend school on the first day not covered by independent evidence.
- Students must be prepared to complete any missed assessment from their first day of return to school. Therefore, students must see the subject Head Teacher on the first day of return to school and arrange a date and time for the assessment to be completed.
- All assessments must be completed by the student to address course requirements.