

## Illness / Misadventure Application

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

**Independent Documentary Evidence Attached:**     Yes     No

<b>Student name:</b>	Year: <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
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Use the following table to identify the task(s) that you believe has/have been or will be affected by the illness or misadventure described:

Has the task occurred yet?

Course:	Task:	Value %	Task #	Date of Task:	Yes	No
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>
					<input type="radio"/>	<input type="radio"/>

**Student statement:**

(Describe how details of illness or unforeseen misadventure affected your performance or prevented your attendance)

<b>Student signature:</b>	<b>Date:</b>
<b>Parent signature:</b>	<b>Date:</b>

This completed form with all supporting documentation is now to be emailed to [killara-h.school@det.nsw.edu.au](mailto: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.

<b>Student's name:</b>	<b>Date(s) on which the student was seen:</b>
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**TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION**  
 Your help in providing information regarding this student's illness is appreciated.  
 This information will assist Killara High School in the assessment of this illness application.

**A medical certificate must be attached to this form.**

**Nature of Illness:** (Attach an additional statement if necessary)


<b>Date(s) or period(s) of illness:</b>	<b>FROM:</b>	<b>TO:</b>
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Please describe **how the student's condition/symptom could impact their examination performance or their ability to complete the assessment on the set date**. If the student was unable to attend an examination, it is essential to provide full details in the space below or attach an additional statement.


**Assessment of severity of illness:**  
 (Please tick scale as appropriate)

MILD	<input type="radio"/>
MODERATE	<input type="radio"/>
SEVERE	<input type="radio"/>

**Your opinion of likely impact on student's capacity to undertake the assessment:**

MILD	<input type="radio"/>
MODERATE	<input type="radio"/>
SEVERE	<input type="radio"/>

**Independent Professional Authority:**

Name:	
Profession:	
Address:	
Contact phone number:	
Signature:	Date:

Stamp:

## Independent Evidence of Misadventure

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

Student's name:	Date of misadventure event:
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**TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION**  
 Your help in providing information regarding this student's illness is appreciated.  
 This information will assist Killara High School in the assessment of this illness application.

**Supporting documentary evidence should 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, describe the nature of the relationship:


**Description of misadventure event:**


Please describe how the student's misadventure could impact their examination performance or their ability to complete the assessment on the set date. If the student was unable to attend an examination, it is essential to provide full details in the space below or attach an additional statement.


**Independent Professional Authority:**

Name:	
Profession:	
Address:	
Contact phone number:	
Signature:	Date:

Stamp:

## 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:

<b>1</b>	<b>Contact the School</b> <ul style="list-style-type: none"><li>You or your parents/carers must notify the Head Teacher of the relevant subject on the day of the missed assessment task by <b>making a phone call</b> to the school on (02) 9498-3722.</li><li>You can also <b>leave a detailed voicemail message</b> and/or <b>send an email</b> explaining your absence.</li></ul>
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<b>2</b>	<b>Complete the Illness/Misadventure Application</b> (available <a href="#">here</a> ) <ul style="list-style-type: none"><li><u>On the same day</u> of your missed task, take this form to the relevant professional authority to complete the Independent Evidence of Illness OR Misadventure page.<ul style="list-style-type: none"><li>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.</li></ul></li><li>If you are visiting a medical professional, you must <u>request a doctor's certificate</u> to accompany the Independent Evidence of Illness form.</li><li><u>Fill in all sections</u> of the first page, including student and parent signatures.</li></ul>
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<b>3</b>	<b>Attach Evidence</b> <ul style="list-style-type: none"><li>You must attach evidence that covers the day of the assessment task and all other absences until the task is completed.</li><li>Pay close attention to all instructions on the three pages of the Illness/Misadventure Application. Submitting incomplete forms will jeopardise the application's success.</li></ul>
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<b>4</b>	<b>Submit the Illness/Misadventure Application</b> <ul style="list-style-type: none"><li>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 with all supporting evidence</u>:<ul style="list-style-type: none"><li>in digital format (including scans) to <a href="mailto:killara-h.school@det.nsw.edu.au">killara-h.school@det.nsw.edu.au</a></li></ul></li><li>You must attend school on the first day not covered by independent evidence.</li><li><u>Students must be prepared to complete any missed assessment from their first day of return to school</u>. 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.</li><li>All assessments must be completed by the student to address course requirements.</li></ul>
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