



ILLNESS/MISADVENTURE APPEAL FORM

This form must be completed **within one week of the problem occurring. If it is not completed within the required time frame, no consideration will be given.**

All students are expected to attend School and complete or submit tasks on the date or due date for submission. An Illness/Misadventure Appeal Form applies when illness or misadventure has either affected your performance in a task or test, OR prevented your attendance.

Grounds for appeal include the following circumstances:

Circumstance	Documentation Required from Student
Illness or injury – that is, illness or physical injuries suffered directly by the student which allegedly affected the student’s performance in the examination(s) or completion of a task (e.g. influenza, an asthma attack, a cut hand)	A medical certificate and signed statement from a registered medical practitioner. A letter from a counsellor may be included where relevant.
Misadventure – that is, any other event beyond the student’s control which allegedly affected the student’s performance in the examination(s) or completion of a task (e.g. death of a friend or family member, involvement in a traffic accident, isolation caused by a flood)	A medical certificate or signed statement from a registered medical practitioner OR a letter from a counsellor OR a letter from a funeral director indicating the relationship of the friend or family member to the student.

As per the School’s existing policies, applications **cannot** be made for attendance at a sporting or cultural event or family holidays, or for misreading due dates or examination timetables. You cannot apply if you were already given Disability Provisions for the task, unless an unforeseen episode occurs during the task or examination, which will be verified by the teacher supervising the task or examination.

The complete form may be submitted by email to the relevant Curriculum Co-ordinator.

The Appeal Panel will decide if:

- The appeal is upheld, then whether
 - i. an extension will be granted to complete the task
 - ii. a revised task will be given
 - iii. an estimate based on previous performance is given
- the appeal is declined

If the appeal is upheld, preference will be given towards the completion of the task so that students can demonstrate their knowledge, skills and understanding.

ILLNESS/MISADVENTURE APPEAL FORM

Student Details				
Student Name				
Student Number				
Date	Task/Test	Details of effect on performance	Did you attend the test?	Were you given Disability Provisions for the test?

Signed: _____ Date: _____

Staff Comment (to be completed by class teacher or examination supervisor)		
Task(s) or Test(s)	What did you observe?	Where possible, estimate the total time lost for the task or test.

Signed: _____ Date: _____

ILLNESS/MISADVENTURE APPEAL FORM

Independent evidence of illness or misadventure:

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

Name of practitioner:

Provider Number:

Contact Telephone:

Address:

Date of attendance at Surgery:

Is the student's condition serious enough that it prevents them from completing an assignment, class test, fieldwork or an exam?

Yes

No

Please describe the nature of the problem /illness/difficulty experienced by the student and the expected duration of the condition. What impact is this condition likely to have on the student's performance in an assessment?

In the case of misadventure, please state the date and time of the occurrence, a description of the occurrence, and subsequent events.

If this space is insufficient, please attach a separate sheet.

Name: _____

Profession: _____

Signature: _____

Date: _____

ILLNESS/MISADVENTURE APPEAL FORM

Upheld Appeals (to be completed by the Head of Secondary)

Student Name: _____

The student's Illness/Misadventure Appeal in the following assessment task(s) has been **UPHELD** by the School Review Panel:

Task(s) or Test(s)	Reason(s) for decision

Head of Secondary Name: _____ Date: _____

Signature: _____

This form is to be retained until the end of the reporting period.

✂.....✂.....✂.....

ILLNESS/MISADVENTURE APPEAL ACKNOWLEDGEMENT

(to be returned to the student **within 3 days** of a decision being made)

TO BE RETAINED BY THE STUDENT

APPEAL UPHELD IN _____

Student Name: _____

Your Illness/Misadventure Appeal has been upheld. The following decision has been made by the Review Panel:

- i. an extension will be granted to complete the task
- ii. a revised task will be given
- iii. an estimate based on previous performance will be given

Preference will be given towards the completion of the task so that students can demonstrate their knowledge, skills and understanding.

Head of Secondary Signature: _____ Date: _____

ILLNESS/MISADVENTURE APPEAL FORM

Declined Appeals (to be completed by the Head of Secondary only if the Appeal is declined)

Student Name: _____

The student's Illness/Misadventure Appeal in the following assessment task(s) has been **DECLINED** by the School Review Panel:

Task(s) or Test(s)	Reason(s) for decision

Head of Secondary Name: _____ Date: _____

Signature: _____

This form is to be retained until the end of the reporting period.

✂.....✂.....✂.....

ILLNESS/MISADVENTURE APPEAL ACKNOWLEDGEMENT

(to be returned to the student **within 3 days** of a decision being made)

The student must sign the declaration on this slip and return it to the Head of Secondary.

APPEAL DECLINED IN _____

Student Name: _____

I understand that my Illness/Misadventure Appeal has been declined by the School Review Panel in the above mentioned task(s) or test(s)

STUDENT'S SIGNATURE: _____ DATE: _____