



# GEORGES RIVER COLLEGE – OATLEY SENIOR CAMPUS

## ILLNESS / MISADVENTURE APPEAL / DEFERRED EXAMS

NAME: \_\_\_\_\_ YEAR: 11 / 12

1. SUBJECT(S)	TASK NUMBER / NAME	DATE(S) of TASK(S)	DETAILS OF ILLNESS / MISADVENTURE

2. To whom did you report your illness / misadventure? \_\_\_\_\_

3. Evidence attached:

**Illness:**                     Doctor's Certificate                     Other  
**Misadventure:**            Report from Teacher                     Letter from parent/caregiver     Other

Comment on how you were affected: \_\_\_\_\_

\_\_\_\_\_

**4. STUDENT APPEAL: (Please tick the appropriate box or boxes)**

1.  I request permission to do the exam/hand in the assessment task at a later date due to the reasons above.

2.  I consider that my examination assessment task performance was affected by unforeseen illness or misadventure which occurred immediately before or during the task.  
Complete Section A or Section B (see back)

Student signature: \_\_\_\_\_ Date:    /    /

**HT ADMIN TO COMPLETE**

**For DEFERRED EXAMS ONLY**

Exam rescheduled for \_\_\_\_\_

Student informed in writing

HT Admin's signature: \_\_\_\_\_

Date:    /    /

**DEPUTY PRINCIPAL TO COMPLETE**

Please grant an extension until \_\_\_\_\_

Please estimate or adjust if appropriate.

Not approved because \_\_\_\_\_

---

DP signature: \_\_\_\_\_

Date:    /    /

**HEAD TEACHER TO COMPLETE and return to student**

Your appeal has been upheld and correct procedures followed to estimate your result based on past performance. The result is as follows:    Task Attempted    YES / NO

Your estimate \_\_\_\_\_

Your result was equal to or higher than estimated. No adjustment has been made.

Your result was below the estimate. Your mark has been adjusted accordingly. Your estimate is \_\_\_\_\_

**NOTE:** Any requests for review of this decision with reasons must be given to the principal in writing, with reasons, within three days.

Head Teacher's signature: \_\_\_\_\_ Date:    /    /

Office: SENTRAL Entry	→	Attention: _____
-----------------------	---	------------------

## Section A

### Independent evidence of illness: to be completed by a medical practitioner

Diagnosis of medical condition : \_\_\_\_\_

Date of onset of illness: \_\_\_\_\_

Date(s) and time(s) of all consultations relating to this illness: \_\_\_\_\_

\_\_\_\_\_  
Please describe how the student's condition/symptoms could affect their examination performance.  
It is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application(s).

\_\_\_\_\_  
Any other comments or information which may assist in the assessment of the student's appeal.  
*(If there is not enough space, please attach additional sheet(s)).*

\_\_\_\_\_  
Please note that any fee for providing this report is the responsibility of the student.

Name of Doctor or other Health professional providing this information. \_\_\_\_\_

Profession: \_\_\_\_\_ Place of work/organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Section B

### Independent evidence of misadventure to be completed by a relevant person such as a police officer or counsellor

Date of misadventure event: \_\_\_\_\_

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, nature of relationship: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Place of work/organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Appeals Due to Illness or Misadventure

## Information Guide for Students

The Assessment Task / Misadventure Appeal program assists students who:

**A.** are prevented from attending an examination (including a practical examination) due to illness or unforeseen misadventure,

**or**

**B.** consider that their performance in an assessment task / examination has been affected by illness or misadventure immediately before or during the examination.

If either of the above categories applies to you, you will need to complete an Illness / Misadventure Appeal form. It is important to read the complete Assessment policy issued to all students and also in your student study planner. Students must be aware of what to do in terms of absence on the day of an assessment task.

### **A/ Absence for an In-School Assessment Task (both hand in and class task)**

1. Ring and notify the school on the day the task is due.
2. Obtain the necessary documentation e.g. Doctor's certificate. The Doctor's certificate must state: "Unable to attend school to attempt (or hand in) HSC assessment task" with the date of the task and reason
3. On the first day of your return, immediately see Head Teacher or Teacher of the task that you missed to arrange time to complete the task. Be prepared to do the task on the day of your return.
4. After seeing HT/Teacher, report to Deputy Principal to obtain Illness/Misadventure application.
5. Complete the first 4 sections of the form and tick (✓) box 1 in **STUDENT APPEAL** section.
6. Submit supporting documentation.

### **B/ Performance in an Assessment Task**

1. Notify your teacher on the day the task is due / being held.
2. Report to Deputy Principal to obtain Illness / Misadventure application.
3. Complete the first 4 sections of the form and tick (✓) box 2 in **STUDENT APPEAL** section.
4. Complete section A or B on back of form.

#### **Please note:**

***The Illness / Misadventure is an application that will be considered. Documentation must be provided with the Illness / Misadventure application. A letter from a parent is not sufficient for a BOS assessment task.***