**MARSDEN HIGH SCHOOL**

**Evidence of Illness / Misadventure Application**

**Stage 5 (Year 10) / Stage 6 (Years 11 & 12) Assessment Task**

**As at 13 September 2022**

This information should be read in conjunction with the Marsden High School Assessment Booklet.

Illness / misadventure provisions exist to support students when their performance in an assessment task is affected by circumstances beyond their control. As assessment tasks are intended to be a measure of a student’s actual task performance, applications must relate to illness or misadventure suffered immediately before or during the task that has affected the student’s performance in the task.

Applications may be in respect of:

* ***Illness or injury:*** that is, illness or physical injuries suffered directly by the student which affects the student’s performance in the task (e.g., stomach virus, dislocated shoulder)
* ***Misadventure:*** that is, any other event beyond the student’s control which affects the student’s performance in the task (e.g., the recent death of a family member or friend, or an exceptional circumstance)

Holidays, routine medical or dental appointments, driving tests, part-time work commitments and routine sporting commitments are examples of grounds likely to be unsuccessful when applying for Illness / Misadventure.

The school’s illness / misadventure procedures aim to replicate the NESA HSC process. NESA will not uphold an Illness/Misadventure Application if the reason for your absence is not considered to be sufficiently serious.

The school does not expect you to attend school to complete or submit an assessment task against specific medical advice. If you cannot attend school because of illness or misadventure, you must follow the school’s Illness / Misadventure Procedures.

All applications must be submitted on an ***Illness/Misadventure Application Form.*** When completing an ***Illness/Misadventure Application Form,*** you should pay close attention to the instructions and complete all relevant sections. Submitting an incomplete form could jeopardise the success of your application.

It is very important to **provide evidence** with your application. If possible, this should be from an independent source (that is, the person providing the evidence is not related to you in any way and is not a friend or work colleague of your parents). You should seek evidence **on the same day**, either immediately before or after each assessment task for which you are applying. The documentation you provide must be current, specific to the date and time of the assessment task, and submitted with the application form.

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| A medical certificate obtained in person (not over the internet) is always required to support an Illness / Misadventure Application due to illness. **A medical certificate that merely states you were unfit for work / study is unacceptable.** The medical certificate must be completed by a medical practitioner registered with the Australian Health Practitioner Registration Agency (AHPRA) (this can be checked via **www.ahpra.gov.au**). The medical certificate MUST include: * diagnosis of medical condition
* date of onset of illness
* date(s) and time(s) of all consultations / meetings relating to this illness
* description of how your condition / symptoms could affect your assessment task performance
* if you are absent on the day before an assessment task, the day of an assessment task or on the day an assessment task is to be submitted, the doctor MUST certify that you are medically unfit to sit for the assessment task or attend school.

The medical practitioner may choose to include these mandatory items on their own medical certificate, or instead complete Section 1, page 2 of the Marsden High School ***Illness / Misadventure Application Form***. A pdf copy of the ***Illness / Misadventure Application Form*** can be downloaded from the school website [**www.marsden-h.schools.nsw.edu.au**](http://www.marsden-h.schools.nsw.edu.au)*Learning at our school > Assessment and reporting > Illness / Misadventure Application***Medical certificates obtained after the event will not be accepted.** |

The completed form is to be handed to the faculty Head Teacher upon returning to school.

You will be informed of the Head Teacher’s determination within 5 school days of lodgement of the ***Illness/Misadventure Application Form***.

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 the application. The ***Assessment Appeal Application*** forms are available from the Deputy Principal. The Head Teacher will review the determination and provide a decision. If no resolution is achieved, the student may forward the appeal to the Appeals Committee via the Deputy Principal. The Appeals Committee will make a recommendation to the Principal and communicate the final decision to the student.

**All documentation, including new evidence, must accompany the appeal when it is lodged.**

**MARSDEN HIGH SCHOOL**

**Illness / Misadventure Application**

**Stage 5 (Year 10) / Stage 6 (Years 11 & 12) Assessment Task**

This form must be used for all Illness/Misadventure Applications.

***Take this form with you to the professional authority providing supporting documentation. If the professional authority provides independent supporting documentation they must complete Section 1 for an illness or Section 2 for a misadventure.***

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Roll Call:** \_\_\_\_\_\_\_\_\_\_\_ **Date of Task:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Course:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assessment Task:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| * Prior knowledge of absence (due to a clash between an Assessment Task and another School Activity)

Reason for application (please tick):  **illness** *or*  **misadventure**Category from Student Assessment Booklet (please tick ONE selection from below):* Extension to submit or complete an Assessment Task
* Absent on the day before an Assessment Task
* Absent from school on the day an Assessment Task is due to be handed in
* Absent from school on the day of an Assessment Task
* Misadventure adversely affected performance during an Assessment Task *(Note: An Illness / Misadventure Application*

*MUST be commenced on the day of the Assessment Task.)** Sick during the completion of an Assessment Task at school. *(Note: A medical certificate MUST be obtained.)*
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Student statement (to be completed by the student) outlining details of impact on performance: (*Describe how illness or unforeseen misadventure affected your performance or prevented your attendance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| * I have attached evidence to support my application (please tick and complete ONE selection from below):

**Independent Evidence of Illness:**Section 1 of this Application form (see reverse) completed by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Medical Certificate (attached) completed by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence of Misadventure:*** Section 2 of this Application form (see reverse) completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Head Teacher determination:*** No loss of marks. Extension granted. Assessment task to be submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No loss of marks for being absent on the day before an assessment task.
* No loss of marks. Organise with Head Teacher completion of original task on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No loss of marks. Organise with Head Teacher completion of substitute task on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Assessment task to be reduced by \_\_\_\_\_% due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* An estimate to be awarded.
* A zero mark to be awarded.

Signature Head Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Student acknowledgement of Head Teacher determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental acknowledgement of Head Teacher determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Original to:* □ *Student File in Front Office*

*Copies to:* □ *Student/parent* □ *Head Teacher(s)* □ *Deputy Principal (Years 10 – 12)*

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**Evidence of Illness / Misadventure**

**Stage 5 (Year 10) / Stage 6 (Years 11 & 12) Assessment Task**

This side of the form can be used to support Illness/Misadventure Applications.

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| **TO THE INDEPENDENT PROFESSIONAL PROVIDING DOCUMENTATION***Your help in providing information regarding this student's illness is appreciated. This information will assist Marsden High School in the assessment of this illness/misadventure application.* |

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| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marsden High School Roll Call Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **SECTION 1: Independent evidence of Illness: to be completed by a medical practitioner.** |
| Date of onset of illness: |
| Date(s) and time(s) of consultations / meetings relating to this illness: |
| Please assess how the student’s condition / symptoms could affect their examination / assessment task performance.  **Mild**  **Moderate**  **Severe***(If the student is* ***unable to attend exam/assessment task****, it is essential that you provide full details. If required, please attach extra).*  **Extra attached** |
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| **Examinations / Assessment Tasks: I certify that the student is medically unfit to sit for an examination / assessment task, or to attend school to submit an assessment task, on:** |
| Any other comments or information which may assist in the assessment of the student’s application.  **Extra attached** |
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| Please note that any fee for providing this report is the responsibility of the student. |
| Name of doctor or health professional providing this information: |  | Place stamp here: (include Provider Number) |
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| Profession: |  |
|  |  |
| Place of work / organisation: |  |
| Address: |  | Contact phone: |
| Signature: |  | Date: |
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| **SECTION 2: Evidence of Misadventure: to be completed by a relevant person (like a police officer)**Date of misadventure event: |
| Description of event: |
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| Name: |
| Profession: |  | Place of work / organisation: |
| Address: |  | Contact phone: |
| Signature: |  | Date: |
| □ **Further evidence attached (please describe):** *(e.g. Statutory declaration)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |