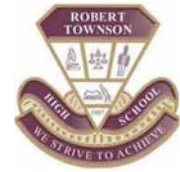


Robert Townson High School

Illness / Misadventure Application



An illness-misadventure form is used when an assessment task is:
- Not submitted on time - Submitted incomplete - During extra-ordinary circumstances

Please return this completed application to the Deputy Principal.

Part A: Completed by the Student

Student Name: _____ Year: _____

Subject/s:	
Task/s:	
Date of Task/s:	

Reason for Application (Please circle): Illness/Medical Misadventure

Student Signature: _____

Part B: Documentation

- 1. Illness or Other Medical Condition** – A medical professional is to complete the attached documentation. Also attach any medical certificates to this application.
 - 2. Misadventure** - This section will normally be completed by a relevant person, e.g. a police officer. This person must not be related to the student. Please include the date and time of the occurrence and subsequent events. *(Please add extra pages if necessary.)* Any relevant supporting documentation should also be attached.
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Part C – To Be Completed by the Deputy Principal

Outcome:

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Deputy Principal:Date:

Illness or Other Medical Condition

For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. **This person must not be related to the student.**

Diagnosis/medical condition:

Date of onset of illness or condition:

Date(s) and time(s) of all consultations/meetings relating to this illness/condition:

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Please describe how the student's condition/symptoms could impede their performance on this particular assessment task. *(If a student has been **unable to attend** an examination, it is imperative that you provide full detail in the space provided or on additional sheets and attach them to the application.)*

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Any other comments or information which you will feel will assist in the assessment of the student's application *(If there is not enough space, please attach additional sheets.)*

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

Name of doctor or other health professional:

Profession:

Place of work/organisation:

Address:

Contact Phone number :

Signed: Date:

Evidence of Misadventure

This section will normally be completed by a relevant person, e.g. a police officer. **This person must not be related to the student.** Please include the date and time of the occurrence and subsequent events. *(Please add extra pages if necessary.)*

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Name:

Profession:

Address:

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Place of work/organisation:

Contact phone number:.....

Signed:

Date: