Government of **Western Australia**
School Curriculum and Standards Authority

Sickness/Misadventure Application Form

ATAR Course Examinations: 2017

Before completing a *Sickness/Misadventure Application* form please read the following information carefully:

- Has your performance in an ATAR course examination been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period? (For Physical Education Studies and Dance practical candidates this includes a severe injury sustained after the start of Term 3, but still existing during the practical examinations.)
- Were you prevented from attending an examination due to sickness and/or misadventure?

If you answered YES to either, or both, of these questions then you should complete this form. The circumstances must have been beyond your usual control. A claim cannot be made for courses entered as a non-school candidate.

If your difficulties in sitting the ATAR course examination are the result of any of the reasons listed below, then your circumstances fall outside the Authority's policy and guidelines for sickness/misadventure.

- Difficulties in preparation or loss of preparation time – for example, as a result of sickness during Year 12 unless in the two weeks prior to your first written examination
- Alleged deficiencies in tuition
- Long-term illness such as asthma and epilepsy – unless you have suffered an acute episode of your illness during the examination period
- The same grounds for which you received special examination provision – unless you experienced additional difficulties during an examination session
- Misreading the examination timetable
- Misreading examination instructions
- Events related to your school assessment in a course
- Attendance at a sporting or cultural event during a written examination.

Refer to the *Year 12 Information Handbook 2017* available on the Authority's website for further details.

If the application is accepted then an examination mark is calculated using your school assessment as a basis. The higher of the actual examination mark and the calculated examination mark becomes the examination mark that is given to you for that examination.

Completion of the form

Section A	**Applicant details:** All parts of this section must be completed **by the candidate**.
Section B	**Course details:** This section, including the insert, to be completed **by the candidate personally**.
Section C	**Misadventure evidence** (non-medical)**:** This section should be completed by a person not related to the candidate, who is a witness to the misadventure e.g. attending police officer.
Section D	**Medical evidence:** This section must be completed by the medical practitioner or registered health professional, if the application is on medical or psychological grounds.
Section E	**Sickness categories:** An essential reference for the medical practitioner/health professional.
Acknowledgement	**Applications will be acknowledged via email:** You must provide an email address.
Decisions	**Available only from the student portal:** https://www.wace.wa.edu.au

The completed form and any supporting documentation must be received by School Curriculum and Standards, PO Box 816 CANNINGTON WA 6987, no later than **4.00pm on Wednesday, 22 November 2017**. Envelopes should be marked **Confidential – Attention Carolyn Hackett.** Electronic applications are not accepted. Applications related to only the practical examination should be submitted immediately following that examination. All applications related to written examinations should be submitted immediately following the last examination affected by the situation. Late forms will not be accepted**.**

Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.

I authorise School Curriculum and Standards to discuss this application with any person who has signed this form or attachment.

Signature of applicant: ..... Date: .....

Signature of parent/guardian (if applicable): ..... Date: .....

Section A: Applicant details – to be completed by the candidate

SCSA Student number: | | | | | | | | | | Date of birth: | | | | | | | | Office Use | | : | |

Surname: _____ First name: _____ Middle name: _____

Address: _____ Postcode: _____

Email: _____

Home phone number: _____ School name: _____

Section B: Course details – to be completed by the candidate personally

1. **Record only those examinations being claimed on the sickness/misadventure details insert.**
2. For each written and/or practical examination in which you are claiming special consideration (as indicated on the insert), describe **briefly** how your illness or misadventure affected your performance in or prevented your attendance at that examination. Do **not** use dittos, or write 'as above'. All relevant information **must** be written below. Additional supporting evidence may be attached to this form. If this section is not completed, your application cannot be accepted.
3. Use only one application form. Record all claims below.

Date of exam	Examination name	Prac or written	Details of effect on performance/attendance	Did you attend? YES/NO

(Additional information may be attached.)

Section C: Misadventure evidence (non-medical only) – to be completed by an independent witness

If the misadventure or event is of a **non-medical** nature, the details should be recorded here by an independent witness. Any other relevant information or supporting evidence **must** be written below or attached.

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.....

(Continuing, additional or supporting evidence should be attached.)

Witness details

Note: The witness must not be related to the applicant, and may be contacted if further information is required.

Name (block letters): ....

Relationship to applicant/relevance of information: .....
(E.g. teacher, neighbour, police officer)

Address: ..... Telephone: Daytime .....

..... Mobile .....

Signed: ..... Date: .....

Section D: Medical Evidence – to be completed by the medical practitioner/registered health professional

This section must be completed if an applicant's claim on medical or psychological grounds is to be considered.

Medical practitioners are asked to note the comments at the bottom of this page before completing any certification.

Medical practitioner/health professional's name: Name and address of hospital/clinic/surgery: Telephone number:	Please write details below or use official stamp.

I certify that I examined Mr/Ms …… on ……
(Name of applicant) (Date/s of consultation)

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. Please explain clearly **how** the medical condition impaired the candidate for the examination.)

……

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……

……

……

……

(Continuing, additional or supporting medical evidence should be attached.)

Dates of onset and functional resolution of the problem: From ☐ to ☐

Category and degree of illness:
Please refer to Section E (on back) ***before*** *completing.*

Category (A-W)	Sub-Category (A-G)	Degree of illness (1-4)

Note: Degree of illness relates to the degree of functional impairment at the time of the exam.

1. **Mild** – some discomfort
2. **Moderate** – able to sit exam but significant impairment
3. **Severe** – unable to sit exam
4. **Chronic** – on-going impact

I consider the above sickness to be of a temporary nature and, as a result, I consider that the applicant is/was (tick appropriate box/es):

☐ Disadvantaged because of the temporary sickness when **studying** between / / and / / for the examination(s).

☐ Disadvantaged because of the temporary sickness when **taking** examination(s) held/to be held between / / and / / .

☐ **Unfit** because of the temporary sickness to sit for the examination(s) held/to be held between / / and / / .

(Dates should be inclusive.)

Signature of medical practitioner: ..... Date: .....

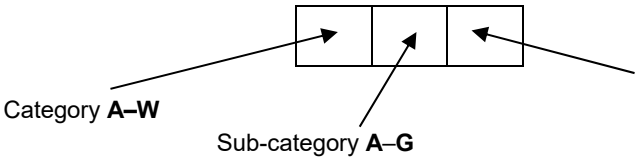
Notes for medical practitioner

1. Any sickness should be of an acute or sub-acute nature with onset up to two weeks prior to the written examination. (Please give details above.) For Physical Education Studies or Dance candidates injuries after 28 July may be considered.
2. Sickness in the two weeks prior to the written examination, which could interfere with preparation for the examinations, may be accepted as well as sickness occurring during the actual examinations.
3. Sickness of a chronic nature is not acceptable. Candidates were able to apply for special examination arrangements if they suffered any chronic sickness or handicap. Applications for these arrangements should have been made earlier in the year.
4. Sickness can include acute emotional upsets such as bereavements or serious illness in the family. It does **not** include emotional traumas such as panic attacks or stress due to the examinations.
5. Details of any sickness should include a brief history, essential clinical findings such as **fever** or **rashes**, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of function relevant to the sitting of an examination. Where relevant, the following additional evidence is required: URTI – details of specific complications, Glandular fever – **blood test results**. Chronic glandular fever must have evidence of impact during exams.
6. Independent medical evidence is required in Section D (above) and should not be provided by a relative of the applicant.
7. If you would like to discuss this application further please contact Manager, Examination Logistics on 9273 6309.

Section E: Sickness categories – a reference for the medical practitioner/registered health professional

The following information is provided for the medical practitioner/registered health professional as a reference for completing Section D of the *Sickness/Misadventure Application Form*.

The medical practitioner/registered health professional is required to indicate, in the relevant boxes, the category and degree of the illness, as shown below:



Degree of illness:
1. Mild – some discomfort
2. Moderate – able to sit exam but significant impairment
3. Severe – unable to sit exam
4. Chronic – on-going impact

The categories and sub-categories to be used are:

A: Upper respiratory tract infections
- A Glandular fever (Infectious Mononucleosis)
- B Influenza
- C Pharyngitis/URTI
- D Tonsillitis
- E Sinusitis
- F Ear, nose and throat

B: Food poisoning
- A Gastroenteritis
- B Diarrhoea and vomiting

C: Allergic diseases
- A Hay fever
- B Asthma
- C Generalised allergy

D: Lower respiratory tract infections
- A Bronchitis
- B Pneumonia

E: Gastrointestinal tract disorders
- A Appendicitis
- B Gall stone colic (pain)
- C Haemorrhoids
- D Gastritis
- E Jaundice
- F Gastroenteritis

F: Injuries/accidents
- A Neck injuries/whiplash/head injury
- B Shoulder/arm/wrist/finger (broken or injured)
- C Back and pelvic injury/abdominal injury
- D Fractured skull/jaw
- E Leg/ankle/knee/foot (broken or injured)
- F Multiple injuries
- G Burns

G: Psychological problems
- A Death of a parent
- B Death of close friend/immediate relative
- C Significant life event
- D Psychiatric disturbance

H: Neurological disorders
- A Epilepsy
- B Generalised neurological disorders

I: Infectious/contagious diseases
- A Chicken pox
- B Mumps
- C German measles

J: Uro-genital tract disorders
- A Dysmenorrhoea (PMT/painful period)
- B Urinary tract infection
- C Gynaecological problems

K: Rheumatic conditions
- A Back complaints
- B Tenosynovitis (RSI)
- C Joint complaints

L: Headache
- A Migraine
- B Tension headache

M: Oral problems
- A Abscess of tooth/removal
- B Impacted teeth

N: Eye disorders
- A Eye fatigue/injury/infection/conjunctivitis
- B Vision impairment

O: Inadequate bodily reserves
- A Surgery
- B Heat exhaustion/fainted
- C Poor health
- D Diabetes

P: Viral diseases
- A Viral illness (temperature/headache)
- B Severe Viralmia with Leukopaenia

Q: Cancer
- A Tumour/cancer

R: Pregnancy
- A Pregnancy/confinement

S: Chest conditions
- A Chest infections/pain

T: Bleeding disorders
- A Bleeding disorders/nose bleed

W: Unknown
- A Unknown

Government of **Western Australia**
School Curriculum and Standards Authority

Notification of Outcome of this Application

Please complete your name and email address below for acknowledgement of your application form.

Surname: _____ First name: _____ Middle name: _____

Email: _____

To access the notification indicating the outcome of your application, go to the student portal at https://www.wace.wa.edu.au This is the same location from which you will download your results. The notification will be available at the same time as your results. You will not be contacted in any other manner. No information will be available prior to the release of results.

Sickness / Misadventure Claims - ATAR Course Examinations 2017

Applicant to complete personal details and indicate examinations claimed.

Surname _____ First name _____

Student number: | | | | | | | | | Date of birth: | | | / | | | / | | | Office use: | | | : | |

Exam/s for which claim is made (shade the appropiate box for the component of the course being requested).
Note: A claim cannot be made for courses in which the student is enrolled as a non-school candidate.

Course	Written exam date	Prac	Written	Course	Written exam date	Prac	Written
IFL: Indonesian: First Language	18/10		☐ W	MAA: Mathematics Applications	8/11		☐ W
ARA: Arabic	18/10	☐ P	☐ W	MAS: Mathematics Specialist	8/11		☐ W
HEB: Hebrew	18/10	☐ P	☐ W	CAE: Career and Enterprise	8/11		☐ W
POL: Polish	18/10	☐ P	☐ W	PSY: Psychology	9/11		☐ W
TUR: Turkish	18/10	☐ P	☐ W	ACF: Accounting and Finance	9/11		☐ W
CFL Chinese: First Language	24/10		☐ W	FBL: French: Background Language	9/11	☐ P	☐ W
CBL: Chinese: Background Language	24/10	☐ P	☐ W	ECO: Economics	10/11		☐ W
JBL: Japanese: Background Language	30/10	☐ P	☐ W	PES: Physical Education Studies	10/11	☐ P	☐ W
GRE: Modern Greek	15/11	☐ P	☐ W	AVN: Aviation	10/11	☐ P	☐ W
CFC: Children, Family and the Community	01/11		☐ W	BLY: Biology	13/11		☐ W
PHY: Physics	01/11		☐ W	MMS: Marine and Maratime Studies	13/11		☐ W
HIM: Modern History	01/11		☐ W	PAE: Philosophy and Ethics	13/11		☐ W
PPS: Plant Production Systems	01/11		☐ W	REL: Religion and Life	13/11		☐ W
ENG: English	2/11		☐ W	GEO: Geography	14/11		☐ W
ELD: English as an Additional Language or Dialect	2/11	☐ P	☐ W	DAN: Dance	14/11	☐ P	☐ W
				DES: Design	14/11	☐ P	☐ W
LIT: Literature	2/11		☐ W	HEA: Health Studies	15/11		☐ W
ITB: Italian: Background Language	3/11	☐ P	☐ W	IND: Indonesian: Second Language	15/11	☐ P	☐ W
MAM: Mathematics Methods	3/11		☐ W	VAR: Visual Arts	15/11	☐ P	☐ W
DRA: Drama	3/11	☐ P	☐ W	PAL: Politics and Law	16/11		☐ W
EST: Engineering Studies	3/11		☐ W	FST: Food Science and Technology	16/11		☐ W
CHE: Chemistry	6/11		☐ W	MUS: Music	16/11	☐ P	☐ W
ISC: Integrated Science	6/11		☐ W	CSC: Computer Science	17/11		☐ W
AIT: Applied Information Technology	6/11		☐ W	OED: Outdoor Education	17/11		☐ W
GBL: German: Background Language	6/11	☐ P	☐ W	ISL: Italian: Second Language	17/11	☐ P	☐ W
GSL: German: Second Language	6/11	☐ P	☐ W	MDT: Materials Design and Technology	17/11	☐ P	☐ W
APS: Animal Production Systems	7/11		☐ W	MPA: Media Production and Analysis	20/11	☐ P	☐ W
HBY: Human Biology	7/11		☐ W	FSL: French Second: Language	20/11	☐ P	☐ W
BME: Business Management and Enterprise	7/11		☐ W	HIA: Ancient History	21/11		☐ W
EES: Earth and Environmental Science	7/11		☐ W	JSL: Japanese: Second Language	21/11	☐ P	☐ W
CSL: Chinese: Second Language	7/11	☐ P	☐ W				

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This completed sheet is to be returned inside the Sickness/Misadventure application form