

## **ILLNESS-MISADVENTURE APPEAL FORM**

### **PROCEDURES FOR ILLNESS-MISADVENTURE**

An illness-misadventure form is used when an assessment task is:

- not submitted on time
- submitted incomplete
- due and student is absent the day prior
- during extra-ordinary circumstances

Where a student experiences a misadventure, she/he should obtain an Illness-Misadventure Appeal form from within the Assessment Schedule Booklet, school office or from [Gloucester High School website](#). This must be done on the same day where possible or the next day of attendance including the submission of the task and/or negotiation with Class Teacher and Head Teacher when the examination or practical task will be undertaken after the misadventure.

### **Completing the Illness/Misadventure Appeal**

**PART A:** This section is to be completed by the student. Reasons for the Illness-Misadventure appeal must be documented in this section.

**PART B:** Relevant documentation (e.g. doctor's certificate, statutory declaration, other) must be attached. This section is signed by the student and parent/carer. Please note that the doctor's certificate must state the condition that will affect their performance in completing the task.

It is the student's responsibility to complete the Illness-Misadventure Appeal and return it to the Head Teacher within **three school days** of the due date of the task. Late appeals may be considered but only in the event of exceptional circumstances. Students cannot submit an appeal on the basis of:

- difficulties in preparation or loss of preparation time / technology fault
- alleged deficiencies in teaching
- long-term illness such as glandular fever unless they are suffering a flare-up of the condition during the examination or assessment period
- misreading the examination timetable
- misreading assessment task or examination instructions
- other commitments such as holidays, participation in entertainment, work or sporting events, or attendance at examinations conducted by other institutions or organisations. Special consideration for changes to the scheduled date must be made in writing, addressed to the Principal and well in advance of the event.
- illness once the assessment paper is opened during the reading time, or after the examination commences.

**PART C:** Recommendations for the appeal are then completed by the Head Teacher (within policy guidelines). The Head Teacher may:

- i) recommend to uphold the appeal
- ii) recommend to dismiss the appeal
- iii) recommend to impose a penalty.

The appeal is then presented at the Appeals committee for final approval.

**PART D:** The Appeals Committee shall be convened by the Deputy Principal.

The committee will:

- i) uphold the appeal
  - ii) dismiss the appeal
  - iii) impose a penalty.
- The committee should communicate the outcome of the appeal to the student. This could include an extension of time, a substitute task or an estimated mark.
  - All documents related to the appeal should be placed in the teachers monitoring folder and a copy on SENTRAL data record.





# ILLNESS-MISADVENTURE APPEAL

ROSA / Preliminary HSC/ HSC Assessment (Circle one)

**PART A – TO BE COMPLETED BY THE STUDENT** (Please return to the appropriate Head Teacher)

Name of Candidate: ..... Teacher: .....

Subject: ..... Course: .....

Assessment Task: ..... Due Date: .....

Reasons for failure to meet requirements: (Please outline your reasons)

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.....  
.....  
.....

**PART B – DOCUMENTATION** (Please attach evidence)

- |  |     |    |
|--|-----|----|
| 1 Medical Certificate  | YES | NO |
| 2. Other Documentation (Independent Evidence of Misadventure and/or Statutory Declaration) | YES | NO |

Student Signature: ..... Parent/Carer Signature: ..... Date: .....

**SUBMIT THIS FORM TO THE HEAD TEACHER WITHIN 3 DAYS OF THE ILLNESS-MISADVENTURE**

**PART C – TO BE COMPLETED BY THE HEAD TEACHER** after consultation with Classroom Teacher

- Recommend to uphold the appeal
- Recommend to dismiss the appeal
- Other (explain)

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.....

Head Teacher : ..... Date: .....

**PART D – TO BE COMPLETED BY THE APPEAL COMMITTEE**

Scheduled Meeting Date: ..... Venue: .....

- Uphold the appeal
- Dismiss the appeal

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.....  
.....

Deputy Principal: ..... Date: .....

Principal: ..... Date: .....

Year Adviser: ..... Date: .....



# INDEPENDENT EVIDENCE OF MISADVENTURE

This page is to be completed by the person providing independent evidence of the misadventure, which could be, but not limited to, a parent, a police officer or a counsellor

Date of the occurrence: .....

Time of the occurrence: .....

Description of occurrence including date and time of subsequent events *If this space is insufficient, please attach a separate sheet.*

Lined area for writing the description of the occurrence.

Please complete this section as you may be contacted if additional information is required.

Name of Person providing Independent Evidence: .....

Profession: .....

Contact Phone Number: .....

Address: .....

Signature: .....

Date: .....