



ILLNESS OR MISADVENTURE APPLICATION FORM

FOR FAILURE TO ATTEND AN EXAM OR HAND IN AN
ASSESSMENT DUE TO ILLNESS OR MISADVENTURE GROUNDS
BY A STUDENT

QCAA AND LAIDLEY STATE HIGH SCHOOL SUPPORTING DOCUMENTARY EVIDENCE REQUIREMENTS	
Indicate below the reason for missed assessment. Attach all required information with this form on submission of application.	
<input type="checkbox"/> ILLNESS GROUNDS	<input type="checkbox"/> MISADVENTURE GROUNDS
Part A and part C of the QCAA <i>Confidential Medical Report</i> needs to be attached with the following stated: <ul style="list-style-type: none"><input type="checkbox"/> the illness, condition or event (including details of a diagnosis, where applicable)<input type="checkbox"/> date of diagnosis, onset or occurrence<input type="checkbox"/> symptoms, treatment or course of action related to the condition or event<input type="checkbox"/> explanation of the probable effect of the illness, condition or event on the student's participation in the assessment *the above is required to be signed by a medical practitioner	<input type="checkbox"/> written evidence from a relevant independent professional or other independent third party (e.g. police report)

Student name:

Subject:

Initial due date of assessment:

I _____ have attached the supporting documentation required for application of illness or misadventure. I acknowledge that the information on this application is true and correct.

Signed by Student

Date

TO BE COMPLETED BY HEAD OF DEPARTMENT

Application for illness or misadventure has been:

- Recommended – new due date for assessment or examination to be:

- Not recommended:

HOD Approved

Date:

HOD Name

TO BE COMPLETED BY PRINCIPAL

Application for illness or misadventure has been:

- Approved – new due date for assessment or examination is:

- Not approved:

- Approval conditions:

Principal Approved

Date:

Principal Name
