



Brigidine College Randwick

Illness or Misadventure Application

Year 11 Assessment

Code 1 – I was absent from school due to illness / misadventure and did not attend the examination or submit the task

Code 2 – I believe that my performance in the examination or task was affected due to illness / misadventure

Family name		First name	
Important: Only list tasks that you are applying for			
Task (and type of task)	Examination date or Submission date	Code 1 / Code 2	
Do you receive disability provisions for the appealed courses? YES / NO			
<p>Student Declaration</p> <p>Code 1: I was absent from an assessment task and request that Brigidine College take into account the evidence that I have supplied on this form. I have met with the coordinator, or relevant person, and organised a time and place to complete the assessment task</p> <p>Code 2: I consider that my performance in an assessment task was affected by illness or misadventure which occurred immediately before, or during the assessment task, as set out in this form. I request that Brigidine College use a moderated assessment mark, based on my other school assessments, where that mark exceeds my assessment mark for the course in which I have appealed.</p> <p>I have carefully read the Brigidine College Stage 6 Assessment Handbook.</p> <p>I declare that all the information I have supplied is true.</p>			
Student Signature:		Date:	

Section A

Independent evidence of illness – complete Section A1
Independent evidence of misadventure – complete Section A2

Section A1

Independent evidence of illness: to be completed by a medical practitioner

Diagnosis of medical condition:		Date of onset of illness:	
Date(s) of all consultations/meetings relating to this illness:			
Please describe how the student's condition/symptom could affect their performance in the task. If the student was unable to attend on the day that an examination was held, or that a task was due to be submitted, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to this application.			
Any other comments or information which may assist in the assessment of the student's application. If there is not enough space, please attach additional sheets.			
Name:	Profession:	Place of Work:	
Telephone:	Signature:	Date:	

Section A2

Independent evidence of misadventure: to be completed by a relevant person

Description of event:		
Name:	Profession:	Place of Work:
Telephone:	Signature:	Date:

Section B

To be completed by the student if appealing Code 2 and believe that their performance in the examination or task was affected due to illness / misadventure

Date of Task	Type of Task	Details of Effect on Performance

Section C

Decision by the Curriculum Coordinator / Assessment Committee

Name:	Signature:	Date: