



West Wallsend High School Illness / Misadventure Appeal Application

To be completed and handed in to the Head Teacher prior to the Assessment Task, or **within two days of return** to school.

SECTION A – TASK DETAILS			
STUDENT NAME:		YEAR:	
COURSE:			
Date of assessment task/s	Assessment task/s affected	Details of effect on performance, <i>if relevant</i>	Attendance Can/did you attend? YES/NO

SECTION B – REASON AND EVIDENCE FOR ILLNESS / MISADVENTURE
Reason for failure to meet requirements by/on due date (attach any additional evidence to support this application): _____ _____
Evidence of illness or medical condition, where relevant: For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. <i>However, this person may be a parent or care giver.</i> The school and NESA advises that students <i>should attend Assessment Tasks unless it is considered that it would be detrimental to their health.</i>
Diagnosis / medical condition:
Date of onset of illness or condition:
Dates and time(s) of all consultations / meetings relating to this illness / condition: Please attach medical certificate/s where available.
Please describe how the student's condition / symptoms could impede their performance in the Assessment Task. (If the student was 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 this application.)
Any other comments which you feel will assist in the assessment of the student's application. (If there is not enough space please provide additional sheet/s)

SECTION C – STUDENT DECLARATION

I have carefully read information in my assessment booklet detailing criteria relating to assessment task illness / misadventure appeals and have completed all aspects of this appeal application form.

I consider that my assessment task performance was affected by illness or unforeseen misadventure which occurred immediately before or during the assessment task, as outlined in this form.

I request the WWHS illness/misadventure panel consider my appeal to ensure that the assessment task outcome is a representation of my demonstrated knowledge, understanding and ability based on other formative tasks and relevant outcomes. **Where an absence is known in advance, I understand I will need to complete the task prior to the date. I will engage with the Code of Conduct required of me in this instance.**

I declare that all the information I have supplied is true.

Student name:

Signature:

Date:

Parent/caregiver name:

Signature:

Date:

Name of person lodging appeal *if not the student:*

Reason not lodged by student:

Signature:

Telephone:

SECTION D - HEAD TEACHER'S COMMENT AND RECOMMENDATION

Comment / recommendations in relation to this appeal:

Name (please print):

Signature:

Date:

SECTION E - RESULT / OUTCOME DETERMINED BY PANEL

Copy to be provided to: student / HT / DP and recorded in WWHS register + faculty CPM folder

Panel member name:

Signature:

Date:

Panel member name:

Signature:

Date:

Panel member name:

Signature:

Date: