Stage 5 - Illness and Misadventure Form

Section A – Appeal Details

Full Name: ________________________________ Year and Roll Class: _______

Date Form Submitted: _______________________

<table>
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<tr>
<th>Subject</th>
<th>Teacher</th>
<th>Assessment / Examination</th>
<th>Original Date Due</th>
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1) Did you attend the task/s? Yes / No
   Details of the effect on my performance are: ____________________________________________________________
   ____________________________________________________________

2) Are you appealing due to illness***? Yes / No **Medical certificate is attached
   Date/s of Absence: ____________ Details: ____________________________________________________________

3) Are you appealing due to misadventure*? Yes / No *Independent evidence is attached
   Details of the effect on my performance are: ____________________________________________________________
   ____________________________________________________________

- I consider that my assessment or examination performance will be / was affected by misadventure or an illness which occurred immediately before or during the assessment/ examination(s) as set out above.
- I declare that all the information I have supplied is true and have attached appropriate documentation.

This is an appeal for: ☐ Special Consideration ☐ An Estimate ☐ An Alternate Task
☐ To submit/sit the task on an Alternative Date: _______________________

Student Sign: ___________________ Parent Sign: __________________ Date: __________

Section B – Decision Details

Outcome: Approved / Declined DP Sign: __________________ Date: __________

Comment: ________________________________________________________________________________________________

Notifications: ☐ Student/Parent ☐ Staff/Executive ☐ LST ☐ Year Adviser: _______________________
☐ File ☐ Entered by ____________________ Sentral #: ____________________