



Sickness/Misadventure Application Form

WACE Examinations: 2011

Before completing a *Sickness/Misadventure Application* form please read the following information carefully:

- Has your performance in a WACE examination been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period? (For Physical Education Studies and Dance practical candidates this includes a severe injury sustained after the start of Term 3, but still existing during the practical examinations.)
- Were you prevented from attending an examination due to sickness and/or misadventure?

If you answered YES to either, or both, of these questions then you should complete this form. The circumstances must have been beyond your usual control. A claim cannot be made for courses entered as a private candidate.

If your difficulties in sitting the WACE examination are the result of any of the reasons listed below, then your circumstances fall outside the Curriculum Council's policy and guidelines for sickness/misadventure.

- Difficulties in preparation or loss of preparation time – for example, as a result of sickness during Year 12 unless in the two weeks prior to your first written examination
- Alleged deficiencies in tuition
- Long-term illness such as asthma and epilepsy – unless you have suffered an acute episode of your illness during the examination period
- The same grounds for which you received special examination provision – unless you experienced additional difficulties during an examination session
- Misreading the examination timetable
- Misreading examination instructions
- Events related to your school assessment in a course
- Attendance at a sporting or cultural event during a written examination.

Refer to the *Year 12 Information Handbook 2011* issued to examination candidates for further details.

If the application is accepted then the procedure is for the Curriculum Council to calculate an examination mark using your school assessment as a basis. The higher of the actual examination mark and the calculated examination mark becomes the examination mark that is given to you for that examination.

Completion of the form

- | | |
|------------------------|--|
| Section A | Applicant details: All parts of this section must be completed by the candidate . |
| Section B | Course details: This section, including the insert, to be completed by the candidate personally . |
| Section C | Misadventure evidence (non-medical): This section should be completed by a person not related to the candidate, who is a witness to the misadventure e.g. attending police officer. |
| Section D | Medical evidence: This section must be completed by the medical practitioner or registered health professional, if the application is on medical or psychological grounds. |
| Section E | Sickness categories: An essential reference for the medical practitioner/health professional |
| Acknowledgement | You must complete the name and address section. The Curriculum Council will return the acknowledgement, signed and dated, upon receipt of the application. You should retain the returned acknowledgement as proof that your application has been received. |

The completed form and any supporting documentation must be received by the Curriculum Council, 27 Walters Drive, OSBORNE PARK WA 6017, no later than **5.00pm on Friday 25 November 2011**. Applications related to only the practical examination can be submitted immediately following that examination. Envelopes should be marked **Confidential – Attention Carolyn Hackett**. All applications should be submitted immediately following the last examination. Late forms will not be accepted.

Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.
I authorise the Curriculum Council to discuss this application with any person who has signed this form or attachment.

Signature of applicant: Date:

Signature of parent/guardian (if applicable): Date:

Section D: Medical Evidence – to be completed by the medical practitioner/registered health professional

This section must be completed if an applicant's claim on medical or psychological grounds is to be considered.

Medical practitioners are asked to note the comments at the bottom of this page before completing any certification.

Medical practitioner/health professional's name: Name and address of hospital/clinic/surgery: Telephone number:	Please write details below or use official stamp.
---	---

I certify that I examined Mr/Mrs/Miss/Ms On
(Name of applicant) (Date/s of consultation)

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. Please explain clearly how the medical condition impaired the candidate for the examination.)

.....

.....

.....

.....

.....

(Continuing, additional or supporting medical evidence should be attached.)

Dates of onset and functional resolution of the problem: From to

Category and degree of illness:

Please refer to Section E (on back) before completing.

<small>Category (A-W)</small>	<small>Sub-Category (A-G)</small>	<small>Degree of illness (1-4)</small>

Note: Degree of illness relates to the degree of functional impairment at the time of the illness.

- 1. Mild** – some discomfort
- 2. Moderate** – able to sit exam but significant impairment
- 3. Severe** – unable to sit exam
- 4. Chronic** – on-going impact

I consider the above sickness to be of a temporary nature and, as a result, I consider that the applicant is/was (tick appropriate box/es):

- Disadvantaged because of the temporary sickness when **studying** between / / and / / for the examination(s).
- Disadvantaged because of the temporary sickness when **taking** examination(s) held/to be held between / / and / / .
- Unfit** because of the temporary sickness to sit for the examination(s) held/to be held between / / and / / .
(Dates should be inclusive.)

Signature of medical practitioner: Date:

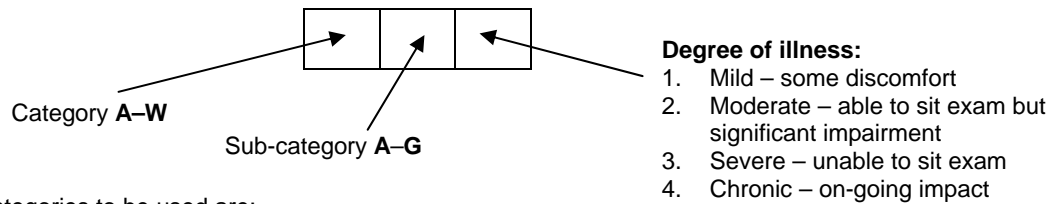
Notes for medical practitioner

1. Any sickness should be of an acute or sub-acute nature with onset up to two weeks prior to the written examination. (Please give details above.) For Physical Education Studies or Dance candidates, longer term injuries may be considered.
2. Sickness in the two weeks prior to the written examination, which could interfere with preparation for the examinations, may be accepted as well as sickness occurring during the actual examinations.
3. Sickness of a chronic nature is not acceptable. Students were able to apply for special examination arrangements if they suffered any chronic sickness or handicap. Applications for these arrangements should have been made early in the year.
4. Sickness can include acute emotional upsets such as bereavements or serious illness in the family. It does not include emotional traumas such as panic attacks or stress due to the examinations.
5. Details of any sickness should include a brief history, essential clinical findings such as **fever** or **rashes**, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of function relevant to the sitting of an examination. Where relevant, the following additional evidence is required: URTI – details of specific complications, Glandular fever – **blood test results**. Chronic glandular fever must have evidence of impact during exams.
6. Independent medical evidence is required in Section D (above) and should not be provided by a relative of the applicant.
7. If you would like to discuss this application further please contact Manager, Examination Logistics on 9273 6309.

Section E: Sickness categories – a reference for the medical practitioner/registered health professional

The following information is provided for the medical practitioner/registered health professional as a reference for completing Section D of the *Sickness/Misadventure Application Form*.

The medical practitioner/registered health professional is required to indicate, in the relevant boxes, the category and degree of the illness, as shown below:



The categories and sub-categories to be used are:

A: Upper respiratory tract infections

- A Glandular fever (Infectious Mononucleosis)
- B Influenza
- C Pharyngitis/URTI
- D Tonsillitis
- E Sinusitis
- F Ear, nose and throat

B: Food poisoning

- A Gastroenteritis
- B Diarrhoea and vomiting

C: Allergic diseases

- A Hay fever
- B Asthma
- C Generalised allergy

D: Lower respiratory tract infections

- A Bronchitis
- B Pneumonia

E: Gastrointestinal tract disorders

- A Appendicitis
- B Gall stone colic (pain)
- C Haemorrhoids
- D Gastritis
- E Jaundice
- F Gastroenteritis

F: Injuries/accidents

- A Neck injuries/whiplash/head injury
- B Shoulder/arm/wrist/finger (broken or injured)
- C Back and pelvic injury/abdominal injury
- D Fractured skull/jaw
- E Leg/ankle/knee/foot (broken or injured)
- F Multiple injuries
- G Burns

G: Psychological problems

- A Death of a parent
- B Death of close friend/immediate relative
- C Significant life event
- D Psychiatric disturbance

H: Neurological disorders

- A Epilepsy
- B Generalised neurological disorders

I: Infectious/contagious diseases

- A Chicken pox
- B Mumps
- C German measles

J: Uro-genital tract disorders

- A Dysmenorrhoea (PMT/painful period)
- B Urinary tract infection
- C Gynaecological problems

K: Rheumatic conditions

- A Back complaints
- B Tenosynovitis (RSI)
- C Joint complaints

L: Headache

- A Migraine
- B Tension headache

M: Oral problems

- A Abscess of tooth/removal
- B Impacted teeth

N: Eye disorders

- A Eye fatigue/injury/infection/conjunctivitis
- B Vision impairment

O: Inadequate bodily reserves

- A Surgery
- B Heat exhaustion/fainted
- C Poor health
- D Diabetes

P: Viral diseases

- A Viral illness (temperature/headache)
- B Severe Viralma with Leukopaenia

Q: Cancer

- A Tumour/cancer

R: Pregnancy

- A Pregnancy/confinement

S: Chest conditions

- A Chest infections/pain

T: Bleeding disorders

- A Bleeding disorders/nose bleed

W: Unknown

- A Unknown



Acknowledgement – return slip for sickness/misadventure application

This section will be returned to you as acknowledgement of your application



At the time of receiving your statement of results, you will also receive a letter from the Curriculum Council indicating the outcome of your application. No information will be available prior to this.

Please complete your name and address in the box below (for return).

Office Use Only
2011 Sickness/Misadventure
Application Form received by the
Curriculum Council.

Date and signature:
(or stamp)

