



# Sickness/Misadventure Application Form

## TEE/WACE Examinations: 2007



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

- Has your performance in a TEE/WACE examination been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period?
- 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 normal control. A claim cannot be made for subjects entered as a private candidate.

If your difficulties in sitting the TEE/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 subject;
- Attendance at a sporting or cultural event.

Refer to the *TEE/WACE Handbook* issued to examination candidates for further details.

If the application is accepted then the normal 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 applicant.
- Section B**      **Subject Details:** This section, including the insert, to be completed by the applicant 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:** A 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 receipt 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, by no later than **5.00pm on Friday 23 November 2007**. Envelopes should be marked **Confidential – Attention Carolyn Hackett**. 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.
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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 how it impaired the candidate for the examination.)

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*(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).*

Category (A-W)	Sub- Category (A-G)	Degree of illness (1-4)

**Note:** Degree of illness relates to the degree of functional impairment at the time of the illness.  
**1=Mild, 2=Moderate, 3=Severe, 4=Chronic**

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.)*

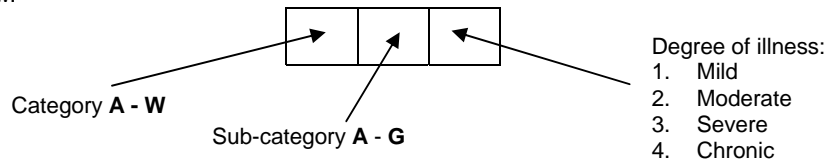
Signature of Medical Practitioner: ..... Date: .....

- 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.)
  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 and students were able to apply for special examination arrangements if they suffer 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.
  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, Certification and Examinations 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 B 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 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 Visual 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 Viralmaia 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.

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

2007 Sickness/Misadventure  
Application form received by the  
Curriculum Council.

Date and signature:  
(or stamp)

# Sickness / Misadventure Details 2007 Curriculum Council

**Applicant to complete personal details and indicate subjects claimed.**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initials \_\_\_\_\_

Student Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Office Use:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
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**Subject/s for which claim is made (place an 'X' in the column next to the subjects for which a claim is being made).**  
Note: A claim cannot be made for subjects in which the student is enrolled as a private candidate.

Subject	(X)	Office Use	Subject	(X)	Office Use
E647 Drama Studies (practical)		<input type="checkbox"/> N <input type="checkbox"/> A	E630 Art		<input type="checkbox"/> N <input type="checkbox"/> S
AVN Aviation (practical)		<input type="checkbox"/> N <input type="checkbox"/> A	ENG English		<input type="checkbox"/> N <input type="checkbox"/> S
E051 Arabic (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E028 Indonesian: Advanced		<input type="checkbox"/> N <input type="checkbox"/> S
E003 Chinese: Second Language (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E027 Chinese: Advanced		<input type="checkbox"/> N <input type="checkbox"/> S
E006 French (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E502 Discrete Mathematics		<input type="checkbox"/> N <input type="checkbox"/> S
E008 German (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E506 Calculus		<input type="checkbox"/> N <input type="checkbox"/> S
E056 Hebrew (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E406 Human Biology		<input type="checkbox"/> N <input type="checkbox"/> S
E009 Indonesian: Second Language (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E300 Ancient History		<input type="checkbox"/> N <input type="checkbox"/> S
E010 Italian (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E070 Malay: Advanced		<input type="checkbox"/> N <input type="checkbox"/> S
E011 Japanese: Second Language (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	E402 Biology		<input type="checkbox"/> N <input type="checkbox"/> S
E031 Modern Greek (oral)		<input type="checkbox"/> N <input type="checkbox"/> A	EST Engineering Studies		<input type="checkbox"/> N <input type="checkbox"/> S
E632 Music (electives)		<input type="checkbox"/> N <input type="checkbox"/> A	E006 French		<input type="checkbox"/> N <input type="checkbox"/> S
E630 Art (visual diary)		<input type="checkbox"/> N <input type="checkbox"/> A	E315 Political and Legal Studies		<input type="checkbox"/> N <input type="checkbox"/> S
E051 Arabic	18/10	<input type="checkbox"/> N <input type="checkbox"/> S	E011 Japanese: Second Language	14/11	<input type="checkbox"/> N <input type="checkbox"/> S
E056 Hebrew	18/10	<input type="checkbox"/> N <input type="checkbox"/> S	E009 Indonesian: Second Language	14/11	<input type="checkbox"/> N <input type="checkbox"/> S
E013 Japanese: Advanced	18/10	<input type="checkbox"/> N <input type="checkbox"/> S	E005 English Literature	15/11	<input type="checkbox"/> N <input type="checkbox"/> S
E305 Geography	1/11	<input type="checkbox"/> N <input type="checkbox"/> S	E200 Accounting	15/11	<input type="checkbox"/> N <input type="checkbox"/> S
E408 Physical Science	1/11	<input type="checkbox"/> N <input type="checkbox"/> S	E409 Physics	16/11	<input type="checkbox"/> N <input type="checkbox"/> S
E403 Chemistry	2/11	<input type="checkbox"/> N <input type="checkbox"/> S	E010 Italian	16/11	<input type="checkbox"/> N <input type="checkbox"/> S
MPA Media Production and Analysis	2/11	<input type="checkbox"/> N <input type="checkbox"/> S	E238 Information Systems	19/11	<input type="checkbox"/> N <input type="checkbox"/> S
E306 History	5/11	<input type="checkbox"/> N <input type="checkbox"/> S	E008 German	19/11	<input type="checkbox"/> N <input type="checkbox"/> S
E026 English as a Second Language	5/11	<input type="checkbox"/> N <input type="checkbox"/> S	E632 Music	19/11	<input type="checkbox"/> N <input type="checkbox"/> S
E504 Applicable Mathematics	6/11	<input type="checkbox"/> N <input type="checkbox"/> S	AVN Aviation	20/11	<input type="checkbox"/> N <input type="checkbox"/> S
E647 Drama Studies	6/11	<input type="checkbox"/> N <input type="checkbox"/> S	E003 Chinese: Second Language	20/11	<input type="checkbox"/> N <input type="checkbox"/> S
E304 Economics	7/11	<input type="checkbox"/> N <input type="checkbox"/> S	E405 Geology	21/11	<input type="checkbox"/> N <input type="checkbox"/> S
E031 Modern Greek	7/11	<input type="checkbox"/> N <input type="checkbox"/> S			

**This completed sheet to be placed inside the Sickness/Misadventure  
Application Form for return to the Curriculum Council.**