

**CONSERVATORIUM HIGH SCHOOL  
HSC ILLNESS/MISADVENTURE APPLICATION**



This sheet must be completed and attached to the submitted task

<b>Last Name:</b>		<b>First Name:</b>		<b>Year Level:</b>	
<b>Course:</b>		<b>Student Number:</b>			

**Closing date:** Completed signed application, completed assessment/examination and all relevant documentation as specified by the form must be submitted to the Head Teacher of the subject within 48 hours of return to school as per *CHS Senior Assessment Policy and Procedures*.

**Section A – Student Statement**

<b>Assessment or examination task</b> <i>Specify type of task: Report, Speech, Performance, Trial HSC Exam</i>	<b>Weighting</b> %	<b>Task due date</b>	<b>Did you receive disability provisions for this course?</b> <i>If yes, outline the provision.</i>

**Details of effect on performance:**

*Describe how illness or unforeseen misadventure affected your performance or prevented your attendance. Give details of any action you took to report this.*

**Student Declaration**

I have carefully read the information provided in the Conservatorium High School Assessment Booklet and the NESAs Information Guide for Students regarding the rules and procedures for illness/misadventure for Higher School Certificate students.

I consider that my performance was affected by illness or unforeseen misadventure which occurred immediately before or during the assessment/examination. I declare all the information I have supplied is true.

**Student signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Section B – Witness Statement

A medical practitioner, police officer, Roads and Maritime Services official, presiding examiner/assessor etc, should complete independent evidence of illness or misadventure. The witness must not be related to the student.

Please ensure to attach Section B documentation to this application.

Illness – <i>attach the following documentation:</i>	Misadventure – <i>attach the following documentation:</i>
<p>A doctor's certificate that contains:</p> <ul style="list-style-type: none"> <li>Diagnosis</li> <li>Date and duration of illness</li> <li>Consultation date</li> <li>Description of how the student's condition/symptoms could affect their performance</li> <li>Contact details of medical practitioner</li> </ul>	<p>A written witness statement, NOT composed by the applicant or a relative, that contains:</p> <ul style="list-style-type: none"> <li>Date of misadventure</li> <li>Were they a witness to the event?                             <ul style="list-style-type: none"> <li>If NO, how did they obtain evidence of the event?</li> <li>Are they known to the student?</li> </ul> </li> <li>Description of event</li> <li>Contact details</li> </ul> <p style="text-align: center; margin: 10px 0;">OR</p> <p>An official report or notice of the event. E.g. <i>Emergency track work at a specified time and place.</i></p>

## Section C – Resolution (Assessment Review Committee use only)

<b>Outcome of application:</b>		<b>Date task completed:</b>	
<b>Task submitted/completed:</b>		<b>Terms of assessment submission:</b>	
<b>Additional comments:</b>			

### Assessment Review Committee Approvals

<b>Assessment Review Committee Approvals</b>		
<b>Head Teacher</b>	<b>Assessment Review Committee Member</b>	<b>Deputy Principal</b>