

Government of Western Australia School Curriculum and Standards Authority



Sickness/Misadventure Application Form ATAR Course Examinations: 2023

Before completing a Sickness/Misadventure Application Form, please read the following information carefully:

- has your performance in an ATAR course 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 enrolled as a non-school candidate.

If your difficulties in sitting the ATAR course examination are the result of any of the reasons listed below, then your circumstances fall outside the Authority'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 physical or psychological illness unless you have suffered an acute episode of your illness during the
 examination period (including up to two weeks before your first written examination)
- the same grounds for which you received special examination arrangements 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 2023: Part II available on the Authority website for further details.

If the application is accepted, then an examination mark is calculated 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.

You will be notified of the outcome of your application through the student portal. This is the same location from which you will download your results. The notification will be available at the same time as your results. You will not be contacted in any other manner. No information will be available prior to the release of results.

Go to the student portal at https://studentportal.scsa.wa.edu.au.

	Completion of the form
Section A	Applicant details: All parts of this section must be completed by the candidate personally.
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	Candidate declaration: Must be signed by the candidate personally.
Section F	Sickness categories: An essential reference for the medical practitioner/health professional.
Acknowledgement	Applications will be acknowledged via email: You must provide an email address.
Decisions	Available only from the student portal: https://studentportal.scsa.wa.edu.au.

The completed form and any supporting documentation must be received by the School Curriculum and Standards Authority, PO Box 816 CANNINGTON WA 6987, no later than **4.00 pm on Tuesday, 21 November 2023**.

Envelopes should be marked **Confidential – Attention Special Provisions**. Electronic applications are not accepted. Applications related to only the practical examination should be submitted immediately following that examination.

All applications related to written examinations should be submitted immediately following the last examination affected by the situation. Late forms will not be accepted.

Section	n A: Applicant	details –	to be complete	d by the cand	lidate per	sonally							
			1 1 1			1 :	1 :	Of	ffice Use				
WA stud number:	ent			Date of birth:						:			
Family n	ame:		Give	en name:			_ Middle r	name: _					
Address:							_ Postcod	e:					
Email: _						_ Home	phone numbe	er:					
School:													
Section	n B: Course de	etails – to	be completed	by the candid	ate perso	nally							
2. For des exa and this	each written and cribe briefly how mination. Do not applicable to that section is not co	I/or practica vyour illnes use dittos, at examinati mpleted, yo	ons being claime I examination in v s or misadventure or write 'as above on. Additional supour application can or record all exami	which you are cla e affected your pe'. Brief relevant oporting evidence anot be accepted	aiming spece erformance information e may be a	cial conside e in or preve n must be v	ration (as in ented your a written belov	ittendar v. Keep	nce at the statement	at ents short			
Date of exam	Examination name	Practical or written	Details of effect on performance/attendance										
							(Additiona	al inform	nation ma	y be attached.)			
Section	n C: Misadvent	ture evide	nce (non-medi	cal only) - to	be comp	leted by a	n indepen	dent v	vitness	1			
			f a non-medica mation or suppo						indeper	ndent			
Witnes	ss details						(Additiona	al inform	nation ma	y be attached.)			
Note: th	ne witness must		ated to the applic	_				on is re	quired.				
			of information: levant to the incider										
Address	s:					Telephone	(Daytime):						
						Telephone	(Mobile):						
Signed:						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 and illness codes in Section F over the page <u>before</u> completing any certification.

		Г								
Medical practitioner/health pro	ofessional's name:		ails below or use official stamp.							
Name and address of hos										
	elephone number:									
'	Cicprioric number.	•								
I certify that I examined Mr/Ms			on							
	(Name	e of applicant)	(Date/s of consultation)							
	de all relevant infor	mation with this	you provide will be treated in the strictest application. Please explain clearly how the							
		•••••	(Additional information may be attach							
Dates of onset/injury and predicted for	inctional resolution (of the problem:	From to							
battoo of officeringary and productou to	anotional rosolation c	or the presion.								
			Note: Degree of illness relates to the degree of functional impairment at the time of the							
Category and degree of illness:			examination.							
Please refer to Section F (on back) before completing.			 Mild – some discomfort Moderate – able to sit examination but 							
,	Category Sub-	Degree of illness	significant impairment							
	(A–W) category (A–G)	(1–4)	3. Severe – unable to sit examination4. Chronic – ongoing impact							
I consider the above sickness/injury tappropriate box/es and initial):	o be of a temporary	nature and, as a r	result, I consider that the applicant is/was (tick							
Disadvantaged because of the tem	porary sickness/injury	when studying betw	veen/_/_ and/_/_ for the examination(s).							
Disadvantaged because of the tem	porary sickness/injury	when taking examin	nation(s) held/to be held between// and//							
Unfit because of the temporary sick	kness/injury to sit for the	e examination(s) hel	ld/to be held between// and//							
			(Dates should be inclus							
Signature of medical practitioner:			Date:							
Section E: Candidate declaration	on – to be comple	eted by the cand	didate personally							
	Car	ndidate Declara	ation							
I declare that, to the best of my k	nowledge, all the in	nformation given	on this form (and attachments) is correct.							
I authorise the School Curriculum a or attachment.	and Standards Autho	rity to discuss this	s application with any person who has signed this form							
Signature of candidate:			Date:							

Receipt of this application by the School Curriculum and Standards Authority will be acknowledged by email to the address provided in Section A: Applicant details.

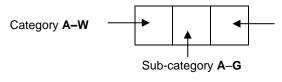
Section F: Sickness categories - a reference for the medical practitioner/registered health professional

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, injuries after 20 July 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. Candidates were able to apply for special examination arrangements if they suffered any chronic sickness or disability. Applications for these arrangements should have been made earlier in the year.
- 4. Candidates presenting with a chronic mental illness must demonstrate that it has previously been controlled through intervention and/or special examination arrangements. There must be evidence of an unexpected acute episode, within two weeks of the written examination.
- 5. Sickness can include acute emotional upsets, such as bereavements or serious illness in the family. Apply under category G. It does **not** include emotional traumas such as panic attacks or stress due to the examinations.
- 6. 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 e.g. details of specific complications, Glandular fever **blood test results**. Chronic glandular fever must have evidence of impact during exams.
- 7. Independent medical evidence is required in Section D (above) and must not be provided by a relative of the applicant.
- 8. If you would like to discuss this application further, please contact Principal Consultant Special Provisions on 9273 6316.

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:



Degree of illness:

- 1. Mild some discomfort
- 2. Moderate able to sit examination but significant impairment
- 3. Severe unable to sit examination
- 4. Chronic ongoing impact

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 Dermatological conditions

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
- G Inflammatory bowel disease

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 eventD Psychiatric disturbance
- l: Neurological disorders
 - A Epilepsy
 - B Generalised neurological disorders

I: Infectious/contagious diseases

- A Chicken pox
- B Mumps
- C German measles
- D Other

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

Inadequate bodily reserves

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

P: Viral diseases

- A Viral illness (temperature/headache)
- B Severe viremia with leukopenia
- Q: Cancer

0:

A Tumour/cancer

R: Pregnancy

A Pregnancy/confinement

S: Chest conditions

A Chest infections/pain

T: Bleeding disorders

A Bleeding disorders/nose bleed

U-V: Non-medical

- : Other
 - A Unknown

Sickness / Misadventure Claims - ATAR Course Examinations 2023 Applicant to complete personal details and indicate examinations claimed.

Surname		Firs	t name														
WA student number:		Date	of birth:		7			/				Off]:[
Exam/s for which claim is made (shade the appropriate box for the component of the course being requested).													_				
Note: A claim cannot be made for courses in which the student is enrolled as a non-school candidate.																	
Course	Written exam date	Prac Written Course						,	Writte exar	m	Prac	Writte	n				
CBL: Chinese: Background Language	18/10	□Р	□w	CFL: Chinese: First Language									08/1	11		\	N
HEB: Hebrew	18/10	□Р	□w	LIT: Literature									08/1	11		\	N
RUS: Russian	18/10	□Р	□w	ACF: Accounting and Finance									08/1	11		□ \	N
SIN: Sinhala	18/10	□Р	□w	ITB: Italian: Background Language									08/1	11	□Р		N
TUR: Turkish	18/10	□Р	□w	APS: Animal Production Systems									09/1	11			Ν
AUS: Auslan	19/10	□Р	□w	CFC: C	hildrer	ı, Fam	ily and	d the	Со	mmı	ınity		09/1	11			Ν
IFL: Indonesian: First Language	26/10		□w	PHY: Physics									09/1	11			Ν
ARA: Arabic	26/10	□Р	□w	GSL: German: Second Language									09/1	11	□Р		N
GRE: Modern Greek	13/11	□Р	□w	HIM: Modern History									09/1	11			Ν
BLY: Biology	30/10		□w	HBY: Human Biology									10/1	11			Ν
FST: Food Science and Technology	30/10		□w	AIT: Applied Information Technology								10/1	11			N	
MAS: Mathematics Specialist	30/10		□w	PAL: Politics and Law							13/1	11			N		
ENG: English	31/10		□ w	CSC: Computer Science								13/1	11		□ \	Ν	
ELD: English as an Additional Language	31/10		□w	DAN: Dance								13/1	11	□Р		N	
or Dialect				HIA: Ancient History									13/1	11		_ \ \	Ν
MAA: Mathematics Applications	01/11		□w	CAE: Career and Enterprise									14/1	11			N
FSL: French: Second Language	01/11	□Р	□w	PAE: P	hilosop	ohy an	d Ethi	cs					14/1	11		□ \	Ν
JSL: Japanese: Second Language	01/11	□Р	□w	REL: R	eligion	and L	ife						14/1	11		□ v	٧
PSY: Psychology	02/11		□w	MPA: M	1edia F	Produc	tion a	nd Ar	naly	/sis			14/1	11	□Р	□ \	N
AVN: Aviation	02/11	□Р	□w	OED: C	outdoo	r Educ	ation						14/1	11		□ \	Ν
PES: Physical Education Studies	02/11	□Р	□w	DRA: D	rama								15/1	11	□Р	□ \	Ν
MAM: Mathematics Methods	03/11		□w	CSL: C	hinese	: Seco	nd La	ngua	age				15/1	11	□Р	□ \	Ν
FBL: French: Background	03/11	□Р	□w	MDT: M	1ateria	ls Des	ign an	d Te	chr	olog	у		15/1	11	□Р		N
GEO: Geography	03/11		□w	MUS: M	lusic								15/1	11	□Р	□ v	٧
CHE: Chemistry	06/11		□w	VAR: V	isual A	ırts							16/1	11	□Р	\	N
ISC: Integrated Science	06/11		□w	EST: E	nginee	ring S	tudies						16/1	11			N
PPS: Plant Production Systems	06/11		□w	ISL: Ita	lian: S	econd	Langu	uage					16/1	11	□Р		N
BME: Business Management and Enterprise	06/11		□w	DES: D	esign								17/1	11	□Р		N
IND: Indonesian: Second Language	06/11	□Р	□w	EES: E	arth ar	nd Env	ironm	ental	l Sc	ienc	e		17/1	11			N
ECO: Economics	07/11		□w														_
HEA: Health Studies	07/11		□w														
MMS: Marine and Maritime Studies	07/11		□w														