



Illness/misadventure form

Instruction to parents

Note: In this document 'parent' includes 'guardian' and 'carer'.

If some problem, such as sickness or accident, prevents your child from taking the test or from doing his or her best in the test, you should complete this illness/misadventure form as soon as possible. You should try to include evidence to support a misadventure claim. The *Independent Evidence of Illness* page must be completed and submitted with a medical certificate that covers the test date if the child was sick.

All claims for consideration based on illness must be made at this stage. Although there is an appeals process which occurs later in the year, after the outcome is known, appeals based on illness will be considered only in exceptional circumstances.

The completed illness/misadventure form should be returned to the Unit no later than **Friday 10 August 2012** to:

The Manager

Selective High School and Opportunity Class Placement Unit

Department of Education and Training

Locked Bag 5001

BANKSTOWN NSW 1885

Student details

Student's family name:

Student's given name:

Student number:

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To be completed by parents/carers

Please indicate the grounds for your illness/misadventure claim in the relevant section below. It is anticipated that for most applicants, only ONE of the three sections is applicable.

Factors which may have prevented the student from taking the Opportunity Class Placement Test.

OR factors which may have prevented the student from gaining higher scores in the Opportunity Class Placement Test.

OR other factors.

Medical certificate enclosed:

Yes No

Other evidence enclosed:

Yes No

Parent's/carers signature:

Date:

Independent evidence of illness – to be completed by a medical practitioner

This section of the form should be completed by a medical practitioner and submitted with a medical certificate that covers the student for the test date.

(The person completing this form must **NOT** be related to the student.)

Diagnosis of medical condition:

Date of onset of illness: _____

Date(s) of all consultations relating to the illness: _____

Please describe how the student's condition/symptoms could affect his or her test performance.

Name of doctor: _____

Place of work/organisation: _____

Address: _____

Contact phone: _____

Signature: _____

Date: _____

Please note that any fee for providing this report is the responsibility of the applicant.

Please attach medical certificate or other relevant evidence here.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to attach a medical certificate or other relevant evidence as instructed in the text above.