



ASSESSMENT TASK ILLNESS/MISADVENTURE APPEAL

Student's name _____

Subject _____

Date of task _____

Reason for illness/misadventure

Independent evidence of illness

To be completed by a medical practitioner

Diagnosis of medical condition _____

Date of onset of illness _____

Date(s) and time(s) of all consultations/meetings relating to this illness

Please describe how the student's condition/symptoms could affect their examination performance or ability to complete set task. (if the student was unable to attend an examination, it is essential that you provide full details in the space provided or on addition sheets(s) and attach them to the application)

Any other comments of information which may assist in the assessment of the student's appeal. (if there is not enough space, please attach additional sheet(s).

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

Name of doctor or other health professional providing this information

Profession _____

Place of work/organisation _____

Address _____

Contact phone _____

Signed _____

Date _____



Independent evidence of misadventure

To be completed by a relevant person such as a Police Officer

Date of misadventure event _____

Were you a witness to the event Yes / No

If no, how did you obtain the evidence you are providing?

Are you known to the student? Yes / No

If yes, nature of relationship _____

Description of event

Name _____

Profession _____

Place of work/organisation _____

Address _____

Contact phone _____

Signed _____

Date _____