



# ILLNESS / MISADVENTURE APPEAL INTERNAL HSC ASSESSMENT

**ONLY COMPLETE THIS FORM IF YOU SAT FOR THE EXAM / ASSESSMENT TASK – ENSURE THAT YOU HAND IN THE FORM WITH SUPPORTING EVIDENCE TO THE DEAN OF STUDIES WITHIN 48 HOURS OF THE TASK**

Student Name (please print) \_\_\_\_\_ TG No. \_\_\_\_\_

Course for which the appeal is being lodged: \_\_\_\_\_

Class Teacher: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Task(s) Affected: \_\_\_\_\_

Date of the Task: \_\_\_\_\_

Did you attend / submit the task? (please tick) Yes  No

## **Student Record**

Describe how illness or unforeseen misadventure affected your performance or prevented your attendance. Give details of any action you took to report this (*including reporting to teachers, attendance at a doctor's surgery or hospital*)

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Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Teacher Record – if an in class task ensure that the supervising teacher completes this section**

Record fully your observations of distress or disadvantage suffered by the student (*if they were in attendance for the task*)

**Independent evidence of illness or misadventure**

This section will normally be completed by a relevant person e.g. Police Officer, Doctor

Record details relevant to the incident related to the claim for misadventure. Attach any other evidence e.g. Doctor's Certificates or Police Reports

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Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Place of Work / Organisation \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Final Decision of Appeals Committee**

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Dean of Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Decision recorded on MN Notes:  Student Emailed

Studies Coordinator – Estimate generated based on \_\_\_\_\_

Estimate higher or lower than actual Mark? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_