

PROFORMA for Independent evidence of illness or misadventure

Gundagai High School, in line with the BOSTES procedures, advises that students should attend examinations and submit assessment tasks unless it is considered detrimental to their health. Students who are unwell or experience misadventure must obtain independent evidence of their illness or misadventure either immediately before or after each task OR examination AND present this proforma to their Head Teacher on the first day they return to school.

The person completing Section A or B must NOT be related to the student.

Independent evidence of illness – complete Section A.

Independent evidence of misadventure – complete Section B.

Section A

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. *(If the student was **unable to attend** an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.)*

Any other comments or 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:

Date:

Contact phone:

Signed:

Date:

Section B

Independent evidence of misadventure: to be completed by a relevant person such as a police officer or a counsellor

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:

Date: