

# BURPENGARY STATE SECONDARY COLLEGE

## AARA - Application for extension of time

### Due to Illness or misadventure

### Year 11 & 12 internal assessments



Students whose ability to attend or participate in an assessment is adversely affected by illness or an unexpected event may be eligible for provisions for illness and misadventure. The following principles apply:

- The illness or event is unforeseen and beyond the student's control.
- An adverse effect must be demonstrated.
- The situation cannot be of the student's own choosing or that of their parents/carers, such as a family holiday.

A student who is ill and unable to attend school for internal assessment should inform the principal's delegate or assessment supervisor as soon as practical. This may be before, during or immediately after the assessment.

STUDENT NAME:	YEAR LEVEL:	STUDENT EMAIL: _____@eq.edu.au
SUBJECT:	TEACHER:	HOD:
ASSESSMENT INSTRUMENT:	ORIGINAL DUE DATE:	

#### STUDENT STATEMENT

ILLNESS  MISADVENTURE

Provide details of the nature of the illness or misadventure. Include, if relevant, dates of absences.

Explain the impact of your illness/misadventure on your ability to complete your assessment by the due date

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

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFYING EVIDENCE

### APPLICATION FOR EXTENSION

Attached is medical certificate stating that I was unfit for duty for a period which includes the due date of the assessment

*According to the QCE/QCIA Policy Handbook 2019, supporting medical reports for Illness and Misadventure, must include*

- *The illness, condition or event*
- *Date of diagnosis, onset or occurrence*
- *Symptoms, treatment or course of action related to the condition or event*
- *Explanation of the probable effect of the illness, condition or event on the student's participation in the assessment*

### OR

Attached is a funeral notice or equivalent demonstrating impact on the due dates **OR**

Attached is a third party signed statement (not the student/parent/carer) from a relevant independent professional of independent third party such as a witness or police report stating the nature of the misadventure and covering the due date of the assessment **OR**

Other. Please specify:

### Principal or Principal's delegate (Deputy Principal Senior School)

DATE APPLICATION RECEIVED:  
(Decision is required within 48 hours)

APPLICATION IS APPROVED   
NEW DUE DATE IS :

APPLICATION IS NOT APPROVED

Student notified of outcome via email   
Teacher notified of outcome via email

If Approved:

Documented as "Support Provision" in OneSchool.  
Provision Name: Illness and Misadventure  
Provision Type: School  
Provision Target Area: Curriculum  
Contact Person: HOD Senior Secondary

Application scanned and attached

If Not Approved:

Documented as "Contact" in OneSchool

Signature:

Date:

**ORIGINAL APPLICATIONS ARE SUBMITTED TO THE OFFICE FOR INCLUSION IN STUDENT'S FILE.**