



Student name: _____

Year: _____

SIDE Internal Examinations: Sickness/Misadventure Application Form

This Sickness/Misadventure Application Form can be submitted in the event that:

- a student feels that their performance in a SIDE examination has been affected by a temporary sickness (up to two weeks prior to your first written exam), non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period.
- A student was prevented from attending a SIDE examination due to sickness and/or misadventure.

The provision for sickness or misadventure when sitting SIDE examinations is based on the process outlined in the School Curriculum and Standards Authority guidelines. This form and detailed evidence to substantiate sickness or misadventure must be sent to SIDE by the parent or guardian within 3 business days of sitting or missing an examination.

If the application is accepted by SIDE, where possible the exam will be re-scheduled in consultation with the student, their parent/guardian and where relevant, partner school. If it is not possible to re-schedule the exam, this will be taken into consideration in their assessment outline and their final result for the respective course.

Course Details

For each written examination in which you are claiming special consideration, describe how your illness or misadventure affected your performance or prevented your attendance.

Date of Exam	Course	Details of effect on performance/attendance	Did you attend? YES/NO

(Additional information may be attached.)

Medical Evidence

Should an applicant’s claim be on medical grounds, please attach a medical certificate or supporting evidence from a medical practitioner/health professional that explains clearly how the medical condition impaired the candidate for the examination.

Isolation or sickness due to Covid

This section needs to be completed if an applicant has tested positive for Covid prior to, or during the exam period. The SMS/email from the Health Department must be provided as evidence (please attach and submit with this document).

Date positive test was registered with the Health Department ____/____/____

Final date of isolation ____/____/____

Declaration

I declare that, to the best of my knowledge, all the information given on this form is correct.

Signature of applicant: _____ Date: _____

Signature of parent/guardian (if applicable): _____ Date: _____

Email completed form and any supporting documentation to:

Deputy Principal, Rachael Macfarlane: rachael.macfarlane@education.wa.edu.au