



## Stage 6 – Assessment Absence / Misadventure / Representation/TAFE Work placement Form

*Forms must be submitted BEFORE the due date, unless illness or misadventure is the reason, which must be returned on the first day back to school*

<b>Full Name:</b>			
<b>Subject/s:</b>		<b>Type of Task: (circle)</b>	In class / hand in / exam / field work
<b>Teacher:</b>		<b>Year: (circle)</b>	11 / 12
<b>Submission Date of Form:</b>			

<b>What is the reason for completing this form?</b>		Details/Explanation for Illness/Misadventure to be completed by relevant people on the <u>reverse</u> of this form. Representation/TAFE/Work placement, provide details here.
<b>ILLNESS</b> <input type="checkbox"/>		
<b>MISADVENTURE</b> <input type="checkbox"/>		
<b>REPRESENTATION</b> <input type="checkbox"/>		
<b>TAFE/SBAT/WORK PLACEMENT</b> <input type="checkbox"/>		
<b>LEAVE</b> Have you also completed a leave form? Yes / No <input type="checkbox"/>		

Subject	Exam or Task Due Date	Recommendation by KLA Coordinator

<b>Student's signature:</b>	
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Date:	
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<b>Parent's signature:</b>	
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Date:	
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<b>KLA Coordinator's signature:</b>	
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Date:	
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<b>Subject Teacher's signature:</b>	
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Date:	
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<input type="checkbox"/> Curriculum Coordinator endorses KLA Coordinator's recommendation (above)  If not endorsing, Curriculum Coordinator's final decision is
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<b>Curriculum Coordinator's signature:</b>	
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Date:	
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**PART A - Independent Evidence of Illness**

Diagnosis of Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

Date of onset of illness: \_\_\_ / \_\_\_ / \_\_\_ - Fit to return to school on \_\_\_ / \_\_\_ / \_\_\_

Date (s) and time (s) of all consultations related to illness: \_\_\_\_\_

Please describe how the students conditions/symptoms could impede their performance in the relevant task:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of doctor or health care professional: \_\_\_\_\_

Profession: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Insert stamp of Professional/Medical Centre here

Professional's signature: \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

**PART B - Independent Evidence of Misadventure**

Date of event causing misadventure: \_\_\_ / \_\_\_ / \_\_\_

Were you a witness to the event: YES / NO (please circle)

If NO, how did you obtain the information you are providing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_