

Extension, Illness or Misadventure Form Years 10, 11 and 12

Request for extension of time for assessment instrument due to an event beyond your control. This form should only be completed after consultation with the YLL, GO or HOD-Senior Schooling to ensure that this application is an appropriate course of action.

Where possible, it is to be submitted by the student no more than **14 days prior to, or 7 days after the due date of a task**. Situations outside of this time period will require approval from Senior Schooling.

Student Name:		L4L Class:	
Subject:		Teacher:	
Assessment Item:		Set Due Date:	

Step One - Student Statement

<input type="checkbox"/> EXTENSION	<input type="checkbox"/> ILLNESS	<input type="checkbox"/> MISADVENTURE
<ol style="list-style-type: none"> 1. Provide details of the nature and reason for your absence, illness or misadventure. Include, if relevant, dates of absences. 2. Explain the impact of your absence/illness/misadventure on your ability to complete your assessment by the due date 		

Step Two - Verifying Evidence

Application For Extension
<input type="checkbox"/> Attached is a medical report stating that I was unfit for duty for a period of time. <i>According to the QCE/QCIA Policy Handbook, supporting medical reports for Illness and Misadventure, MUST include:</i> <ul style="list-style-type: none"> • 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 <p><i>NOTE: A medical certificate is not sufficient, please use the second page of this document for the requirements to be met.</i></p> <p>A template is provided on the next page to assist medical professionals to provide the required details.</p> <input type="checkbox"/> Attached is a funeral notice or equivalent demonstrating impact on the due dates <input type="checkbox"/> Attached is a third party signed statement (not the student/parent/carer) from a relevant independent professional or independent third party such as a witness or police report stating the nature of the misadventure and covering the due date of the assessment <input type="checkbox"/> Other. Please specify:

Step Three – School Response. School staff should consult with relevant teachers and their HOD to determine reasonable extension periods.

Date Application Received:	
Application Decision	
<input type="checkbox"/> Application approved	<input type="checkbox"/> Application not approved
Comments:	
Action Steps	
Final New Due Date:	
Staff Signature:	Date:

Step Four – Documenting Decision

To complete process, relevant staff member must complete following steps:	
<input type="checkbox"/> Student notified of outcome via email	Date: _____
<input type="checkbox"/> Teacher/s notified of outcome via email	Date: _____
<input type="checkbox"/> Copy given to Senior Schooling AO who will complete following steps:	
<input type="checkbox"/> Documented as "Personalised Learning", under Support tab in OneSchool <input type="checkbox"/> Recorded on Illness and Misadventure spreadsheet on G drive.	

Privacy Statement

The Department of Education (the Department) is collecting the personal information on this form (i) in accordance with the Education (General Provisions) Act 2006 for the purpose of considering and assessing your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure, in order to support your child’s education program, and (ii) to obtain lawful consent to disclose your child’s personal information to the Queensland Curriculum and Assessment Authority (QCAA) in compliance with the Education (Queensland Curriculum and Assessment Authority) Act 2014 (QCAA Act) and the Education (Queensland Curriculum and Assessment Authority) Regulation 2014 (QCAA Regulation). The personal information in this form will be documented in OneSchool and will only be accessed by authorised Department staff. This information may be given to the QCAA in compliance with the QCAA Act and QCAA Regulation for the purpose of the QCAA to consider and assess your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure.

The information collected on this form will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld) and this information will not be given to any other person or agency unless you have given the Department permission for the information to be disclosed or the Department is required by law to disclose it.

Please provide as much detail as possible. All sections MUST be completed in full.

Illness, Condition or Event			
Date of Diagnosis		Date of occurrence/onset	
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			
Completed by:	Signature:	Date:	
Profession:	Phone/ contact details:	Practice stamp <i>(if applicable)</i>	

I give my consent for the Department and the school to:

- use the information in this form and all attached documents, including statements, notices and medical and police reports (together, the Confidential Information) to consider and assess your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure;
- disclose and provide the Confidential Information to the Queensland Curriculum and Assessment Authority (QCAA) in compliance with the Education (Queensland Curriculum and Assessment Authority) Act 2014 and the Education (Queensland Curriculum and Assessment Authority) Regulation 2014 for the purpose of the QCAA to consider and assess your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure; and
- document and store the Confidential Information in OneSchool and for the Confidential Information to be accessed by authorised Department staff.

Student signature: _____ Date: _____

Parent/Carer signature: _____ Date: _____