



ILLNESS /MISADVENTURE APPEAL INTERNAL PRELIMINARY ASSESSMENT

Student Name (please print) _____ TG No. _____

Course for which the appeal is being lodged: _____

Class Teacher: _____ Date: _____

Task(s) Affected: _____

Date of the Task: _____

Did you attend / submit the task? (please tick) Yes No

Student Record

Describe how illness or unforeseen misadventure affected your performance or prevented your attendance. Give details of any action you took to report this (*including reporting to teachers, attendance at a doctor's surgery or hospital*)

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Record

Record fully your observations of distress or disadvantage suffered by the student (*if they were in attendance for the task*)

Independent evidence of illness or misadventure

This section will normally be completed by a relevant person eg. Police Officer, Doctor

Record details relevant to the incident related to the claim for misadventure. Attach any other evidence eg. Doctor's Certificates or Police Reports

Name: _____ Profession: _____

Contact Number: _____ Place of Work / Organisation _____

Signature: _____ Date: _____

Studies Coordinator Comment

Signature: _____ Date: _____

Final Decision of Appeals Committee

Dean of Studies Signature: _____ Date: _____

Decision recorded on MN Notes:

Student Emailed

