

**AARA Illness and Misadventure
Application Form
Year 10 - 12**



MANGO HILL
STATE SECONDARY COLLEGE

Respectful, Engaged, Aspiring Learners for the world of tomorrow



ACCESS ARRANGEMENTS AND REASONABLE ADJUSTMENTS
AARA Illness and Misadventure Application Form
Year 10 – 12

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

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

Student Name			
Date of Birth		Year Level	

Assessment Instruments - Identify the assessment instruments for which AARA is requested in the table below:

Subject Code	Assessment Instruction/s	Set Due Date

Student Statement <i>(Attach additional pages if required)</i>			
	Illness		Misadventure
• Provide details of the nature and reason for your absence, illness, or misadventure. Include, if relevant, dates of absences. • Explain the impact of your absence/illness/misadventure on your ability to complete your assessment by/on the due date.			



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Medical Applications

To make an informed decision about an illness and misadventure application for medical reasons, a report from an independent health professional that includes the following details is required:

- the illness, condition or event (including details of a diagnosis, where applicable)
- 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.

Medical Report or Certificate Requirements for AARA

Required if the application is due to a medical condition

Illness and misadventure

- Report must cover the date of assessment for which the application is made
- Professional providing evidence must have examined/treated/consulted student in the period from **two days before to one day after** external assessment.

Non-Medical Applications

Illness and misadventure applications for non-medical reasons require written evidence from a relevant independent professional or other independent third party, such as a social worker, member of the clergy, police officer, solicitor or funeral director.

Verifying Evidence

Please tick the relevant option relating to your application.

Attached is a medical report stating that I was unfit for duty for a period.

According to the QCE/QCIA Policy Handbook, supporting medical reports for Illness and Misadventure MUST adhere to the documentation requirements listed above. A medical certificate is NOT sufficient. Please use the medical report template on page 4 to ensure requirements are met.

A template is supplied on page 4 to assist medical professionals to provide the required details.

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

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.

Other. Please specify:



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 the 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.

Consent Statement

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 the application for access arrangements and reasonable adjustments in examinations and assessments for my 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 the application for access arrangements and reasonable adjustments in examinations and assessments for my 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.

Please return this application form and supporting documentation to relevant staff member listed below:

- Guidance Officer (Mental Health)
- Head of Department – Senior Schooling (Y11-12)
- Head of Department – Middle Schooling (Y10)

Parent Name				Date Completed	
Parent Signature			Student Signature		
OFFICE USE ONLY					
Date Received			Date Processed		
	Application not Approved			Application Approved (new due dates below)	
New Due Date/s					
Subject		Draft Due Date		Final Due Date	
Subject		Draft Due Date		Final Due Date	
Subject		Draft Due Date		Final Due Date	
Staff Signature				Date	
Documenting Decision - To complete the AARA process, the relevant staff member must complete the following steps:					
	Student and parent/guardian notified of outcome via email			Date	
	Teacher/s notified of outcome via email			Date	
	AARA Support Provision created on OneSchool including uploading support documentation.				
	Record on relevant AARA Spreadsheet on SharePoint.				



Confidential Medical Report

Medical Report – to be completed by a registered medical practitioner <i>Please provide as much detail as possible. All sections MUST be completed in full.</i>			
Diagnosis			
Nature of condition	☐ Temporary medical condition	☐ Deterioration in a chronic condition	
Date of diagnosis, onset or occurrence		Duration of effect	
Comment on the likely impact/s on the student's ability to undertake or complete timed assessment (examinations)			
I consider that the effect of the impairment arising from the medical condition is/was:	☐ Mild ☐ Moderate ☐ Severe		
I consider that the student is/was:	☐ Disadvantaged in assessment performance ☐ Unable to participate in assessment		
If the student was affected for less than a full day, comment on the amount of time the student was affected during a timed assessment, e.g., second half of the examination session.			
Completed by:	Profession:	Signature:	Date:
Place of Work:	Specialty/Qualifications (if applicable):	Practice stamp (if applicable):	
Registration number (required):	Phone/Contact details:		

Please attach further pages / documentation if required