



ATAR Physical Education Studies: School-based practical external assessment (SPEA)
Application for an Alternative SPEA

Section A: Student details								
WA student number								
Date of birth	D	D	M	M	Y	Y	Y	Y
Family name				Given name				
Email								
School				Sport				

Section B: Teacher details				
Family name			Given name	
Email				

Section C: Health professional details		
Name		
Profession		
Specialty/qualifications		
Place of work		
Telephone number		
Practice stamp		
Signature		Date

Section D: Health evidence (to be completed by the health professional)

If an applicant's claim on medical or psychological grounds is to be considered, evidence must be provided.

I certify that I examined on
(Name of student) (Date/s of consultation)

I consider that this student is unable to participate in or complete the practical performance component of the ATAR Physical Education Studies course between the period ____/____/____ and ____/____/____ due to their having a health condition, as described below:

Health condition details

Diagnosis			
Date of diagnosis			
Date of occurrence/onset			
Brief details of current treatment			
Impact on student's ability to undertake physical activity			
Signature		Date	

Section E: Student declaration

I declare that, to the best of my knowledge, all the information given on this form (and any attachments) is correct and I authorise the School Curriculum and Standards Authority to discuss this application with any person who has signed this form and/or attachment.

Signature of candidate: _____ Date: _____

Signature of parent/guardian (optional): _____ Date: _____

Section F: Submission of application

Schools must return this completed form to spea@scsa.wa.edu.au by no later than **Friday, 12 June 2026**.