Government of **Western Australia**
School Curriculum and Standards Authority

Year 12 ATAR Physical Education Studies – School-based Practical External Assessment Application for Approved Absence (due to sickness or misadventure)

Privacy and Responsible Information Sharing (PRIS) Statement

The School Curriculum and Standards Authority (the Authority) is collecting personal information, including health and medical information for the purpose of:

- Identifying applicants and verifying their identity and course enrolment details;
- Assessing applications for absence from a school-based practical external assessment (SPEA) and determining eligibility for an approved absence;
- Reviewing supporting documentation, including medical certificates and other evidence provided in support of an approved absence application;
- Communicating with applicants regarding their application and its outcome;
- Maintaining accurate records relating to SPEA participation, absence applications, and outcome decisions.

Your personal information, including any health or medical information you provide, will be disclosed only to authorised personnel at the Authority and, where necessary, to individuals involved in assessing and administering approved absence applications.

If you choose not to provide the requested personal information or supporting evidence, the Authority may be unable to assess your application for absence from a SPEA. If the Authority wishes to disclose your personal information for purposes other than those stated, your consent will be requested unless the disclosure is permitted under or by law.

The collection of this personal information is authorised under the provisions of:

- *School Curriculum and Standards Authority Act 1997*
- *Privacy and Responsible Information Sharing Act 2024*

Further information regarding this collection can be obtained from the Manager, Examination Logistics: Barclay.Jones@scsa.wa.edu.au.

Should you wish to access or correct your personal information, please contact the Authority's Freedom of Information (FOI) Officer at FOI@scsa.wa.edu.au, or refer to the Authority's Public Information Statement at https://scsa.wa.edu.au/forms/freedom-of-information.

More details on how the Authority collects, manages, and uses personal information are available in its Privacy Policy at https://www.scsa.wa.edu.au/privacy.

Instructions

Students absent from the school-based practical external assessment (SPEA)

The SPEA must be completed by all students enrolled in the Year 12 Physical Education Studies (PES) ATAR course. The School Curriculum and Standards Authority (the Authority) will schedule a time for each school to conduct the SPEA for each selected sport at a school. During this scheduled assessment the teacher will assess each student in their selected sport as will independent external assessor/s (EA) appointed by the Authority. Both marks are to be provided to the Authority.

If a student is absent on the date of the scheduled SPEA:

- if the absence falls within the school's senior secondary assessment policy, the student may have the opportunity to complete the assessment at an alternative time. The EA/s will not be present at this session.
- students must complete and submit this application for approved absence from the SPEA.
  - If the application is approved, then a SPEA mark is calculated using the student's school assessments as a basis.
  - If the application is not approved, the course is not completed and will not count towards a student's Western Australian Certificate of Education (WACE).

Considerations for your absence

Consider the following before completing and submitting this application form:

- has your performance in the SPEA been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the SPEA period? (This includes a severe injury sustained after Week 8 of Term 2, but still existing during the SPEA.)
- were you prevented from attending the scheduled SPEA due to sickness and/or misadventure?

If you answered YES to either, or both, of these questions, then you should complete this form. The circumstances must have been beyond your usual control.

If your difficulties in completing the SPEA at the time scheduled by the Authority are the result of any of the reasons listed below, then your circumstances fall outside the Authority's policy and guidelines for approving the absence:

- difficulties in preparation or loss of preparation time – for example, as a result of sickness during Year 12 unless in the two weeks prior to the scheduled date of the SPEA
- alleged deficiencies in tuition
- long-term physical or psychological illness – unless you have suffered an acute episode of your illness during the scheduled time of the SPEA (including up to two weeks before)
- misreading the information supplied by the school regarding the scheduled date and time of the SPEA
- events related to your school assessment in the Year 12 ATAR PES course
- attendance at a sporting or cultural event during the scheduled date of the SPEA.

If the application is accepted, then a SPEA mark is calculated using your school assessment as a basis. The higher of the actual SPEA mark and the calculated SPEA mark becomes the mark that is given to you.

Submission of application for approved absence

The application for an approved absence from the Year 12 PES SPEA (**pages 4 and 5 only**) must be lodged with the Authority no more than two weeks after the scheduled date of your SPEA. **Return the completed form (pages 4 and 5 only) and any attachments to spea@scsa.wa.edu.au**. Late applications will not be accepted. Receipt of this application by the School Curriculum and Standards Authority will be acknowledged by email to the address provided in Section A: Applicant details. Students will be notified of the outcome of their application via email.

For additional information in relation to the SPEA, refer to the *Physical Education Studies School-based practical external assessment handbook* available on the course page https://senior-secondary.scsa.wa.edu.au/syllabus-and-support-materials/health-and-physical-education/physical-education-studies.

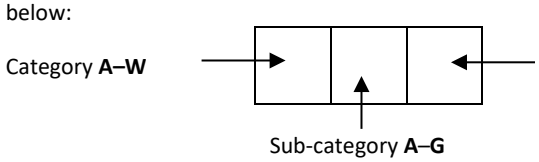
Sickness categories – a reference for the medical practitioner/registered health professional

Notes for medical practitioner

1. Any sickness should be of an acute or sub-acute nature with onset up to two weeks prior to the SPEA. (Please give details above.)
2. Sickness of a chronic nature is not acceptable. Candidates were able to apply for an alternative SPEA if they suffered any chronic sickness or disability. Applications for these arrangements should have been made earlier in the year.
3. Candidates presenting with a chronic mental illness must demonstrate that it has previously been controlled through intervention and/or special arrangements. There must be evidence of an unexpected acute episode, within two weeks of the SPEA.
4. Sickness can include acute emotional upsets, such as bereavements or serious illness in the family. Apply under category G. It does **not** include emotional traumas such as panic attacks or stress due to the SPEA.
5. Details of any sickness should include a brief history, essential clinical findings, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of function relevant to undertaking the SPEA. Where relevant, the following additional evidence is required: URTI e.g. details of specific complications, Glandular fever – **blood test results**. Chronic glandular fever must have evidence of impact during the scheduled date of the SPEA.
6. Independent medical evidence is required in Section D (above) and must not be provided by a relative of the applicant.
7. If you would like to discuss this application further, please contact Principal Consultant – Special Provisions on 9273 6327.

The following information is provided for the medical practitioner/registered health professional as a reference for completing Section D of the *Sickness/Misadventure Application Form*.

The medical practitioner/registered health professional is required to indicate, in the relevant boxes, the category and degree of the illness, as shown below:



Degree of illness:

1. Mild – some discomfort
2. Moderate – able to undertake SPEA but significant impairment
3. Severe – unable to undertake SPEA
4. Chronic – ongoing impact

The categories and sub-categories to be used are:

A: Upper respiratory tract infections
- A Glandular fever (Infectious Mononucleosis)
- B Influenza
- C Pharyngitis/URTI
- D Tonsillitis
- E Sinusitis
- F Ear, nose and throat

B: Food poisoning
- A Gastroenteritis
- B Diarrhoea and vomiting

C: Allergic diseases
- A Hay fever
- B Asthma
- C Generalised allergy
- D Dermatological conditions

D: Lower respiratory tract infections
- A Bronchitis
- B Pneumonia

E: Gastrointestinal tract disorders
- A Appendicitis
- B Gall stone colic (pain)
- C Haemorrhoids
- D Gastritis
- E Jaundice
- F Gastroenteritis
- G Inflammatory bowel disease

F: Injuries/accidents
- A Neck injuries/whiplash/head injury
- B Shoulder/arm/wrist/finger (broken or injured)
- C Back and pelvic injury/abdominal injury
- D Fractured skull/jaw
- E Leg/ankle/knee/foot (broken or injured)
- F Multiple injuries
- G Burns

G: Psychological problems
- A Death of a parent
- B Death of close friend/immediate relative
- C Significant life event
- D Psychiatric disturbance

H: Neurological disorders
- A Epilepsy
- B Generalised neurological disorders

I: Infectious/contagious diseases
- A Chicken pox
- B Mumps
- C German measles
- D Other

J: Uro-genital tract disorders
- A Dysmenorrhoea (PMT/painful period)
- B Urinary tract infection
- C Gynaecological problems

K: Rheumatic conditions
- A Back complaints
- B Tenosynovitis (RSI)
- C Joint complaints

L: Headache
- A Migraine
- B Tension headache

M: Oral problems
- A Abscess of tooth/removal
- B Impacted teeth

N: Eye disorders
- A Eye fatigue/injury/infection/conjunctivitis
- B Vision impairment

O: Inadequate bodily reserves
- A Surgery
- B Heat exhaustion/fainted
- C Poor health
- D Diabetes

P: Viral diseases
- A Viral illness (temperature/headache)
- B Severe viremia with leukopenia

Q: Cancer
- A Tumour/cancer

R: Pregnancy
- A Pregnancy/confinement

S: Chest conditions
- A Chest infections/pain

T: Bleeding disorders
- A Bleeding disorders/nose bleed

U-V: Non-medical

W: Other
- A Unknown

Year 12 ATAR Physical Education Studies – School-based Practical External Assessment
Application for Approved Absence (due to sickness or misadventure)

Section A: Applicant details – to be completed by the candidate personally

WA student number: | | | | | | | | | Date of birth: | | | | | | | Office Use | | | : | |

Family name: _____ Given name: _____ Middle name:_____

Address: _____ Postcode: _____

Email: _____ Telephone: _____

School: _____

Section B: Details of absence – to be completed by the candidate personally

Scheduled date of SPEA	Sport	Reason for absence (Tick the relevant box)
		☐ Misadventure – Complete Section C and Section E ☐ Sickness – Complete Section D and Section E

Describe briefly how your sickness or misadventure affected your performance in or prevented your attendance at the SPEA. Brief relevant information must be written below. Keep statements short and applicable to the SPEA.

.....

.....

.....

.....

Section C: Misadventure evidence (non-medical only) – to be completed by an independent witness

If the misadventure or event is of a **non-medical** nature, the details should be recorded here by an independent witness. Any other relevant information or supporting evidence may be written below or attached.

.....

.....

.....

.....

(Additional information may be attached.)

Witness details

Note: the witness must not be related to the applicant and may be contacted if further information is required.

Name (block letters):.....

Relationship to applicant/relevance of information: .....
(E.g. teacher, mechanic, police officer relevant to the incident)

Address: ..... Telephone (Daytime): .....

..... Telephone (Mobile): .....

Signed: ..... Date:.....

Section D: Medical evidence – to be completed by medical practitioner/registered health professional

This section must be completed if an applicant's claim on medical or psychological grounds is to be considered.

Medical practitioners are asked to note the comments and illness codes in Section F over the page before completing any certification.

Medical practitioner/health professional's name: Name and address of hospital/clinic/surgery: Telephone number:	*Please write details below or use official stamp.*

I certify that I examined Mr/Ms..... on.....
(Name of applicant) (Date/s of consultation)

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. **Please explain clearly how the medical condition impaired the candidate for the practical assessment in their chosen sport (SPEA).**

.....

.....

.....

.....

(Additional information may be attached.)

Dates of onset/injury and predicted functional resolution of the problem: From [ ] to [ ]

Category and degree of illness:

*Please refer to Section F (on back) **before** completing.*

Category (A–W)	*Sub-category (A–G)*	*Degree of illness (1–4)*

Note: Degree of illness relates to the degree of functional impairment at the time of the SPEA.

1. **Mild** – some discomfort
2. **Moderate** – able to undertake SPEA but significant impairment
3. **Severe** – unable to undertake SPEA
4. **Chronic** – ongoing impact

I consider the above sickness/injury to be of a temporary nature and, as a result, I consider that the applicant is/was (tick appropriate box/es and initial):

☐ **Disadvantaged** because of the temporary sickness/injury when **taking** the SPEA held/to be held between ___/___/___ and ___/___/___.

☐ **Unfit** because of the temporary sickness/injury to undertake the SPEA held/to be held between ___/___/___ and ___/___/___.

(Dates should be inclusive.)

Signature of medical practitioner: ..... Date:.....

Section E: Candidate declaration – to be completed by the candidate personally

Candidate Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.

I authorise the School Curriculum and Standards Authority to discuss this application with any person who has signed this form or attachment.

Signature of candidate: ..... Date: .....

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