**Physical Education Studies: School-based Practical External Assessment (SPEA)**

**Application for Alternative Assessment**

**Section A: Applicant details**

Office Use

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| WA student number: |  |  |  |  |  |  |  |  | Date of birth: |  |  |  |  |  |  |  |  |  | **:** |  |

|  |  |  |
| --- | --- | --- |
| **Date of SPEA** | **Sport** | **Reason for application** |
|  |  |  |

**Section B: Medical Evidence**

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

Please write details below or use official stamp.

|  |  |
| --- | --- |
| Medical practitioner/health professional’s name:  Name and address of hospital/clinic/surgery:  Telephone number: |  |

I certify that I examined Mr/Ms on

(Name of applicant) (Date/s of consultation)

I consider that the applicant is unable to participate in or complete the SPEA component of the Physical Education Studies

course between the period \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ due to their having a medical condition, as described below:

**Medical condition/Diagnosis:**

……………………………………………………………

Signature of medical practitioner: Date:

**Section C: Student declaration**

*I declare that, to the best of my knowledge, all the information given on this form (and 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 D: Submission of Application**

Schools must return this completed form to [spea@scsa.wa.edu.au](mailto:spea@scsa.wa.edu.au) by no later than the end of Week 10, Term 2.