

Special consideration of examination scripts

2017 Senior External Examination — Application form

Closing date: Seven days after your last examination

Complete this form if you believe that your examination performance was affected.

Your application must include supporting documentation. Use the attached medical certificate template if you are applying for medical reasons.

Scan/email the completed forms to externalexams@qcaa.qld.edu.au.

For more information, call QCAA on (07) 3864 0475.

Candidate details

Name:	Candidate no:	1	7	-					-	
Daytime phone no:	Email:									

Which examination/s are you applying for?

Reason for application

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How was your examination performance affected?

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If we need additional information

I give permission for QCAA staff to obtain further information about my application if required.

Signature: _____ **Date:** _____ / _____ / _____

The information provided on this form will be used for special consideration for the Senior External Examination as part of legislative functions described in Education (Queensland Curriculum and Assessment Authority) Regulation 2014 (s 61). Personal information will be accessed by authorised QCAA staff, and handled in accordance with the *Information Privacy Act 2009*. Your personal information will not be disclosed to other parties without your consent unless required to do so by law.

Medical certificate

2017 Senior External Examination

This certificate must be completed by a medical practitioner.

I, _____, registered medical practitioner,
(name, professional qualification)

of _____, provider no. _____,
(address of practice)

examined _____
(patient's name)

on _____. In my opinion, the person was/is suffering from
(date/s of consultation/s)

(name of medical condition)

This person's medical condition affected their examination performance in the following ways:

Signature

Date

/ /

Medical practitioner's stamp

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