

## 2009 DERIVED GRADE PROCESS APPLICATION FOR EXTERNAL EXAMINATIONS

This form is to be completed by a candidate who has been clearly disadvantaged through illness or misadventure or who considers that their performance in an external assessment has been seriously impaired because of exceptional circumstances beyond their control. This includes the death of a family member or close acquaintance, or national representative duties which have prevented them from sitting examinations or otherwise presenting materials for external assessment, Before making an application for a derived grade, please read the Candidate Information Sheet.

**SECTION A:**

To be completed by the applicant.

**SECTION B:**

To be completed by the health professional if the application is on medical grounds.

**SECTION C:**

To be completed by independent professional if the application is on non-medical grounds.

**SECTION D:**

To be completed by the school before the application is completed online.

**IMPORTANT**

- Ensure that a copy of your **admission slip** is attached to this form.
- Hand the completed form to the Principal's Nominee at your school by **9.00 am Monday 7 December 2009.**
- This form will be retained by the candidate's school and **the application completed online by 4.00 pm Tuesday 8 December 2008.**

**SECTION A - TO BE COMPLETED BY THE APPLICANT**

SURNAME (family name)

NSN NUMBER

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FIRST NAMES

ADDRESS

	<b>POSTCODE</b>	

PHONE NO.

( )	
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SCHOOL NAME

SCHOOL NUMBER

Please advise NZQA of a change of address.



**SECTION B - TO BE COMPLETED BY THE REGISTERED HEALTH PROFESSIONAL  
(ie, a medical doctor, a psychologist or physiotherapist)**

These details are required by the school and the New Zealand Qualifications Authority to allow a fair assessment of your patient's application. Such assessment must be based on a principle of fairness to those students who have taken the examination(s) under normal circumstances. **Please do not merely provide a medical certificate.**

Student Name: ..... Date of Birth ..... / ..... / .....

Are you professionally acquainted with the patient? Yes  No  If yes, how long ? .....

Are you personally acquainted with the patient? Yes  No  If yes, how long ? .....

Date of onset: .....

Dates of all consultations within the TWO MONTHS before the examination:

.....

.....

Names (and dates of consultations) of other health professionals consulted by the student for this illness or condition.

.....

.....

Clinical Diagnosis: **THIS MUST BE FROM CLINICAL EXAMINATION(S)**

1. On what **dates** and **time/s** did you physically examine the student?

.....

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2. a. What were your observations at the time of the consultation?

.....

.....

.....

.....

b. To your knowledge, was this the first time that the student has complained of that illness or condition or injury?

.....

.....

3. Is the illness or condition chronic?

.....

.....

4. If the illness or condition is chronic, was the reason for the student consulting you on this occasion as acute exacerbation of a managed chronic condition/illness?

.....

.....

5. What recovery period do you anticipate for this episode of illness or injury?

.....  
.....

6. What history was offered to you at the time of the consultation or injury(or at each consultation, if there was more than one)?

.....  
.....  
.....

7. Please describe the impact of the illness/condition/injury on the student's examination preparation and /or performance. Please specify the level of impact using this scale.

- |                               |  |  |                                 |
|-------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Mild            | <input type="checkbox"/> Moderate  | <input type="checkbox"/> Severe |
|                               | 'a bit of a cold'                        | 'home with headaches/in bed very sick'                                       | 'candidate in hospital'         |
|                               | <i>Can still function and sit exams.</i> | <i>Will not be able to attend the exams because of illness/misadventure.</i> |                                 |

.....  
.....  
.....

8. In light of your examination of the student did you **instruct** them **not to attend** any particular examination?

.....Which ones? .....

If so, what were the medical reasons for this instruction?

.....  
.....  
.....

9. What treatment did you provide, prescribe or arrange when you saw the student? Is there a need for an ongoing management or treatment plan? If so has it been implemented?

.....  
.....  
.....

10. Is there any other information or comment which **you** consider would assist with the assessment of this student's application?

.....  
.....

.....Signature: .....

Health Professional (Name in block capitals)

of.....Telephone no: .....

(Hospital/clinic/surgery)

(Town/city)

**SECTION C - TO BE COMPLETED BY OTHER INDEPENDENT PROFESSIONAL**  
(e.g. Police, funeral director, )

This section is completed by an independent professional who has specific knowledge of the 'personal trauma' or 'serious intervening event' suffered by the student which affected the student's ability to perform in the examination.

The professional must not be related to the student and must have been professionally associated with the student's situation. Evidence from school-based personnel must be supported by external independent evidence.

These details are required by the school and the New Zealand Qualifications Authority to allow a fair assessment of your patient's application. Such assessment must be based on a principle of fairness to those students who have taken the examination(s) under normal circumstances.

Student Name: ..... Date of Birth ..... / ..... / .....

Are you professionally acquainted with the student? Yes  No  If yes, how long? .....

Are you personally acquainted with the student? Yes  No  If yes, how long? .....

Type of personal trauma/ serious intervening event

.....  
.....

Date of onset: .....

Dates of all consultations /interviews within the TWO MONTHS before the examination:

.....  
.....

Names (and dates of consultations) of other professionals consulted by the student for this personal trauma/ serious intervening event.

.....  
.....

How has this personal trauma/ serious intervening event affected the student's examinations preparation and / or performance?

.....  
.....  
.....  
.....

.....Position/Occupation.....  
(Name in block capitals)

Signature: .....

.....Telephone no: .....

(Place of work/ Organisation)

(Town/city)

**SECTION D - TO BE COMPLETED BY PRINCIPAL'S NOMINEE / SCHOOL**

Read the guidelines **and** the reports from Section B or C before completing this section.

**The school's observations of this student indicate that the illness, trauma or serious intervening event clearly had the following effect on the student's examination performance.**

- None  Mild  Moderate  Severe  
*Can still function and sit exams. Will not be able to attend the exams because of illness/misadventure*

**If you do not support the candidate's application do not apply.**

**CRITERIA FOR ELIGIBILITY**

- Significant** impairment in the week prior to the first examination clearly affected preparation.  
 **Medical** – unable to sit or complete the examination – clearly impaired performance.  
 **Non-Medical** – unable to sit or complete the examination – clearly impaired performance.

**SCHOOL JUDGEMENT**

This candidate is **CLEARLY ELIGIBLE** because ...

Comments

.....  
.....  
.....

This candidate is **CLEARLY INELIGIBLE** because ...

Comments

.....  
.....  
.....

This candidate's application **MIGHT** be accepted. **Ring NZQA to check eligibility.**

Comments

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.....  
.....

**Application completed** online (date) .....

Application/copy of **application filed** (date) .....

Further Comments.....

.....  
.....

Name..... Designation.....

Signature ..... Date .....

Candidate's name	NSN	Examination Session	Achievement standard number	Grade based on <b>standard specific evidence</b> NA, A, M or E

Candidate's name	NSN	Examination Session	Achievement standard number	Grade based on <b>standard specific evidence</b> NA, A, M or E

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