Self-certification for candidates who have missed an examination

Please read the notes on page 3 <u>before</u> completing this form

		_			
Awarding Body		Examination series			
Centre No		Centre name			
Candidate No		Candidate name			
Spec No		Subject name			
Component num	nber	Date of examination			
Please select Ye The centre sent th	es or No beside the for ne candidate home ill	e Part A of this form ollowing statements s not need to be completed)		Yes	No
The parent/guardian/carer contacted the centre to say the candidate was ill (*if the answer is yes, Part B and C of this form will need to be completed)				Yes	No
The centre is aware of medical circumstances which may cause absence (*if the answer is yes, this form does not need to be completed)			, in proceed	Yes	No
The candidate has	s missed an examination	n in a terminal series		Yes	No
Head of centre/	Exams officer		Date		
Name (Please prin	t)				
Signature					

Part B: The parent/guardian/carer must complete Part B

Please select Yes or No beside the following statements

I telephoned the school/college on the day of (or the day prior say that my son/daughter/ward was too ill to sit an examinatio	-	Yes	No
I contacted a medical professional regarding the symptoms, as advice	below, and received	Yes	No
(Awarding bodies do not require medical notes/certificates)			
The symptoms were:			
Declaration by parent/guardian/carer I understand that it is fraudulent to claim that a candidate scheduled examination.	is ill when he or she is fi	t to atter	nd for a
I understand that the results can be withdrawn and the candid made.	ate disqualified if fraudulent	: claims aı	re
Signed by parent/guardian/carer	Date		
Name (Please print)			
Signature			
Part C: The candidate must sign Part C			
Declaration by candidate			
I felt too ill to attend my examination.			
I understand that my results can be withdrawn, or I can be dis-	qualified if I claim to be ill w	/hen I wa	s not.
Signed by candidate	Date _		
Name (Please print)			
Signature			

Notes on the use of the self-certification form

This is not a special consideration form. It does not need to be completed (and kept on file within the centre as additional evidence) if the centre knows that the candidate was ill. This form is NOT required in the following circumstances:

- the candidate has missed a unit and can re-enter at a later date;
- the candidate was sent home ill by the centre;
- the candidate was seen to be falling ill in the centre the day before their absence;
- the centre knows of long-term medical circumstances which can lead to sudden absence;
- the candidate has a prescription or label from medication showing the date when the medicine was prescribed and the name and address of the candidate.

Where the centre can verify the circumstances, they must be stated when making an on-line special consideration application or on the special consideration form (JCQ/SC – Form 10).

This self certification form must only be used in the following circumstances:

- the candidate has missed a terminal examination or a unit which cannot be re-entered;
- the centre has no reason to suspect that this may be a fraudulent claim;
- the candidate has been attending other examinations so far without problems.

Procedure

The centre **must** complete Part A when the parent/guardian/carer contacts the centre <u>unexpectedly</u>, to say what has taken place.

The parent/guardian/carer **must** complete Part B and the candidate completes Part C.

Electronic signatures $\underline{are\ not}$ permissible. All parties \underline{must} sign the relevant section of the form by hand.

This form does not replace the special consideration form. Where an awarding body specifically requires paper forms for special consideration applications, it must be attached to the special consideration form (JCQ/SC – Form 10) relating to a missed examination in a terminal series.

Where an awarding body will only accept on-line special consideration applications, Form JCQ/ME-Form 14 must be retained on the centre's files. An awarding body may request the form for quality assurance purposes.