

## APPLICATION FOR A DERIVED GRADE 2017

### Instructions for NCEA candidate

**You may apply for a derived grade if you:**

- a. attended an NZQA external examination session and consider your performance has been significantly impaired for an approved reason
- b. have been unable to attend an examination for an approved reason
- c. have been unable to submit a completed portfolio (Design and Visual Communication, Technology, Level 3 Education for Sustainability or Level 3 Visual Arts) for an approved reason
- d. have been selected for national representation in a sport or approved activity. This is a pre-approval process. **See your school's Principal's Nominee for a pre-approval form.**

**Approved reasons** include a current non-recurring illness, a sudden and significant change to a long-term sickness, misadventure, or exceptional circumstances, such as the death of a family member.

For further information and frequently asked questions refer to the **Derived Grade Process Guidelines** and *scenarios* published on the NZQA website.

#### **What you need to do:**

1. See your school's Principal's Nominee to help you decide whether you should apply and to ensure all appropriate information is obtained in time.
2. Return the completed relevant forms to your school's Principal's Nominee no later than:  
**12.00 noon on 2 November** for **Level 3 Visual Arts, Technology, Design and Visual Communication and Level 3 Education for Sustainability PORTFOLIOS.**  
**12.00 noon on 7 December** for **EXAMINATION SESSIONS.**

If you are unable to fill in Section A, a parent or guardian can act on your behalf.

If your application is timely and approved, your Derived Grade results will appear on your results notice in January.

#### **YOU MUST COMPLETE AND RETURN TO THE PRINCIPAL'S NOMINEE**

**Section A** : (Candidate details and declaration) and **Section D** (subject/s and standard/s that you are applying for)

have **Section B completed by a registered health professional** if applying for a derived Grade for **medical reasons**. A visit to a health professional needs to be timely so that the nature, extent and timing of the illness or impairment can be attested to.

**OR**

have **Section C completed by an independent professional** (eg. Police, counsellor) if applying for reasons of **trauma or misadventure**. You should support your application with additional evidence as appropriate.

If your reason for applying involves a highly sensitive matter please contact the school's Principal's Nominee to discuss

## Derived Grade Application for External Examinations 2017



### Section A: TO BE COMPLETED BY THE CANDIDATE (or a parent or guardian)

Candidate Name:

School:

NSN:

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1. Identify the **reason** for you applying for a derived grade(s), the dates and examinations

Type of Application	Medical <input type="checkbox"/> Trauma/Misadventure <input type="checkbox"/> Other <input type="checkbox"/>
Date(s) applied for from Section D	From ...../...../..... to ...../...../.....
Exams applied for	
Reason for application	

2. **MEDICAL APPLICATIONS**

Arrange for **Section B** to be completed by a registered health professional.

3. **TRAUMA / MISADVENTURE**

Arrange for **Section C** to be completed by an independent professional and/or attach supporting information or evidence eg, a police report for an accident, order of service for bereavement.

**Give your application to your school's Principal's Nominee as soon as possible**

- **Authorisation to Disclose Information:** For the purpose of evaluating this application I authorise the school and NZQA to discuss this application with any person who has signed this form or any attachment.

Signature of candidate ..... Date.....  
(or parent/guardian)

**Remember to submit your application to the school as soon as possible before:**  
**12 noon 3 November for a portfolio and/or**  
**12 noon 8 December for examination sessions.**

## MEDICAL APPLICATIONS

**Section B: TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL  
 (eg, medical doctor, psychologist, physiotherapist)**

**Please read the following before completing this derived grade application.**

1. The information you provide allows the school and the NZQA to fairly assess your patient's application for a derived grade(s) for external examinations.
2. **Approved reasons for a derived grade include:**
  - A **temporary** acute illness, condition or injury, which occurs **immediately prior to the candidate's examination session**. Any impairment **MUST** be **significant** eg, a cold or upper respiratory tract infection on its own is not considered significant unless the symptoms indicate a significant impairment or pose an unreasonable level of risk to others
  - A **significant** condition or event **within one month of a candidate's first examination**. Any impairment suffered by the candidate **immediately leading up to or during** the examination period will need to have had/will have a **significant** affect the student's ability to perform in or prepare for an examination.

NOTE: Impairment **does not** include emotional upsets such as stress due to the examinations

3. In determining the duration of the effect of the illness, condition or injury, please apply hindsight and/or foresight that is reasonable and appropriate.
4. Candidates with a **long term sickness or disability** can only be approved if there is a **documented current** and **significant change** to their long term sickness, disability or condition, **immediately prior** to the examination. These candidates will generally have been granted special assessment conditions.
5. You **do not** need to supply a medical certificate as well as completing for this application.

**Thank you for taking the time to complete this form.**

**INFORMATION PROVIDED MUST BE FROM CLINICAL EXAMINATION(S)**

Patient Name .....	Date of Birth ...../...../.....
1. Date of this consultation ...../...../.....	2. Clinical diagnosis – at time of this consultation briefly describe the patients illness/condition/injury
3. Date of onset condition/illness	
<p>Indicate likely duration of the illness/condition/injury</p> <p>1 day <input style="width: 40px; height: 20px;" type="text"/> .....days <input style="width: 40px; height: 20px;" type="text"/></p> <p>....weeks <input style="width: 40px; height: 20px;" type="text"/> None <input style="width: 40px; height: 20px;" type="text"/></p>	

<p>Please Note: A candidate who attends and attempts the examination is still eligible for a derived grade if their performance is deemed to be significantly impaired:</p> <ul style="list-style-type: none"> <li>prior to the examination, affecting their preparation or</li> <li>during the examination</li> </ul>	
<p><b>Impairment level</b> – please tick the box and enter dates as applicable. This candidate:</p>	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Has been impaired when studying between  ...../...../2017 and ...../...../2017 </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Was impaired and unable to sit the examination between  ...../...../2017 and ...../...../2017 </div> <div> <input type="checkbox"/> Will be impaired when taking the examinations between  ...../...../2017 and ...../...../2017 </div>	<p><b>Level of Impairment</b></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>Minor</b>  Candidate could have studied/attended the exam, with little or no impairment (eg bit of a cold) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>Moderate</b>  Candidates study/performance was/would be impaired (eg at home with headaches) </div> <div> <input type="checkbox"/> <b>Significant</b>  Candidate would not have been able to study/will not be able to attend the exam (eg in hospital or confined to bed) </div>
<p>Is there any other information or comment which <b>you</b> consider would assist in assessing this candidates application</p>          	
<p><b>HEALTH PROFESSIONAL ATTESTATION</b></p> <p>I am a health professional registered with the Medical Council and hold a current practicing certificate.</p> <p>Name: ..... . Registration No.....</p> <p>Name of hospital/clinic/surgery</p> <p>Town/City</p> <p>Business Telephone no:</p> <p>Signature ..... Date    /    /</p>	

*Thank you for your time and expertise in completing this form*

**Section C: TO BE COMPLETED BY AN INDEPENDENT PROFESSIONAL  
(eg, police, independent counsellor)**

Please read the following before completing this derived grade application documentation.

1. The information you provide allows the school and the NZQA to fairly assess this candidate's application for a derived grade(s) for external examinations.
2. To complete this form you need to be an independent professional with specific knowledge of a personal trauma or a serious and unfortunate event, suffered by the candidate **immediately leading up to, or during**, the examination period.
3. The event will need to have **significantly affected** the student's ability to attend, perform in, or prepare for, an examination.
4. In determining the duration of the effect of the trauma please apply hindsight and/or foresight that is **reasonable and appropriate**.
5. Impairment:
  - does **not** include emotional upsets such as stress due to the examinations.
  - may include acute emotional upsets such as bereavement of a close relative or friend, or serious illness in the family.

Thank you for taking the time to complete this form.

<b>Candidate Name</b> .....	<b>Date of Birth</b> ...../...../.....
Date of trauma/event ...../...../.....  <b>Date(s) of any professional consultation</b> with candidate with regard to this event and its impact  Describe the impact of the event/trauma on the candidate	Describe the: <ul style="list-style-type: none"> <li>• cause and nature of the personal trauma or</li> <li>• serious unexpected/unfortunate event or</li> <li>• bereavement and relationship to candidate</li> </ul>
Indicate likely duration of the illness/condition/injury  1 day <input type="checkbox"/> .....days <input type="checkbox"/> ....weeks <input type="checkbox"/> None <input type="checkbox"/>	Supporting evidence/information, as appropriate, must be attached

**Please Note:** A candidate who attends and attempts the examination is still eligible for a derived grade if their performance is deemed to be significantly impaired

- Prior to the examination, affecting their preparation or
- During the examination

**Impairment level** – please tick the box and enter dates as applicable. This candidate

☐ Has been impaired when studying between  
...../...../2017 and ...../...../2017

☐ Was impaired and unable to sit the examination between  
...../...../2017 and ...../...../2017

☐ Will be impaired when taking the examinations between  
...../...../2017 and ...../...../2017

Level of Impairment

☐ **Not applicable**

☐ **Minimal**  
Candidate could have studied/attended the exam, with little or no impairment (eg little effect)

☐ **Moderate**  
Candidates study/ performance was/would be impaired (eg at home with headaches)

☐ **Severe**  
Candidate would not have been able to study/will not be able to attend the exam (eg event prevented attendance at exam)

Is there any other information or comment which you consider would assist in assessing this students application?

Supporting evidence and /or documentation is attached ☐ or Not applicable ☐

#### INDEPENDENT PROFESSIONAL INFORMATION

Independent professional: .....(name)

Title/role/qualification as applicable .....

Name of your practice: .....

Town/City: ..... Contact no: .....

Signature ..... Date / /

*Thank you for your time and expertise in completing this form*

**Section D: DERIVED GRADE APPLICATION RECORD 2017**

*Candidate completes the first 5 columns*

Candidate Name: ..... NSN .....

Subject and level (eg. English L 1)	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application	<b>Grade</b> (school only)	<b>Notes</b> (school only)

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Subject and level	Exam date	am or pm	I attended the exam (yes/no)	Standard numbers for this application	<b>Grade</b> (school only)	<b>Notes</b> (school only)

\* Copy this page if the application covers more than five subjects or levels.

**Attestation**

The above grades have been quality assured. Signed: .....  
(Principal's Nominee)

## Section E: PRINCIPAL'S NOMINEE CHECK LIST 2017

**Candidate Name:** .....

### A. CHECKLIST TO SUPPORT ONLINE APPLICATION COMPLETION

<input type="checkbox"/>	The candidate application form is completed and signed
<input type="checkbox"/>	Section B or section C is complete, or other appropriate evidence is available
<input type="checkbox"/>	Evidence covers the date(s) of the exam session(s) involved
<input type="checkbox"/>	The grades submitted for this candidate have been quality assured
<b>Principal's Nominee evaluation of application</b>	
<input type="checkbox"/>	The school supports this application as meeting NZQA guidelines.
<input type="checkbox"/>	The school does not support this application but the candidate wishes to proceed (indicate and explain this in the online application).
<input type="checkbox"/>	This candidate is <b>INELIGIBLE</b> as it does not meet the eligibility criteria
<input type="checkbox"/>	The school <b>does not</b> hold a valid grade for the standards(s) involved.

### ONLINE APPLICATION

Applications close **5pm on 2 November 2017 for portfolios** and/or **5pm on 7 December 2017 for examination sessions**.

Application was completed online by:

Name ..... Designation (eg. PN, DP)..... Date    /    /2017

#### In managing this application, please:

1. refer to the *Derived Grade Process Guidelines* on the NZQA website for guidance
2. check that all sections relevant to the application are complete. Contact your School Relationship Manager if you need any clarification
3. check that the school (or Te Aho o Te Kura Pounamu 498) holds a valid grade for the standard(s) involved (see Section D)
4. retain all documentation relating to a Derived Grade application until just prior to the next examination round. Each application should include the relevant forms and a copy of supporting documents.

*Thank you*