

APPLICATION FOR A DERIVED GRADE 2019

Instructions for NCEA candidate

A derived grade is available if for an approved reason you:

- a. have been unable to attend an examination
- b. have been unable to submit a completed portfolio (Design and Visual Communication, Technology, Level 3 Education for Sustainability or Level 3 Visual Arts)
- c. attended an NZQA external examination session and consider your performance has been **significantly** affected
- 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 temporary acute non-recurring illness at the time of the examinations, a current sudden and significant change to a long-term illness, trauma, misadventure, or exceptional circumstances.

For further information refer to the **derived grade information** 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 what to apply for
 - ensure all appropriate information is provided in your application and obtained in time.
2. Return the completed relevant forms to your school's Principal's Nominee:

no later than 5pm on Wednesday 4 December 2019.

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.

The NZQA Derived Grade Team evaluates and approves all applications against the eligibility criteria.

YOU MUST COMPLETE AND RETURN TO THE PRINCIPAL'S NOMINEE

Section A : Candidate details and declaration, and the subject/s and standard/s that you are applying for

and either

- 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** and/or attach supporting evidence (eg. Police, counsellor, order of service) if applying for reasons of **trauma or misadventure**. Support your application with additional evidence, as appropriate.

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

Derived Grade Application for External Examinations 2019

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

Candidate Name:

School:

NSN:

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

Type of Application	Medical <input type="checkbox"/>	Trauma/Misadventure <input type="checkbox"/>
Date(s) applied for	From/...../..... to/...../..... as indicated in Section A	
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 as the school or NZQA may require additional information and before:

5.00pm on Wednesday 4 December 2019 .

- **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)

Section A: SUBJECTS AND STANDARDS APPLIED FOR

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	Grade (school only)	Notes (school only)

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

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. NZQA approves entitlement to a derived grade for a candidate who meets the eligibility criteria. The information you provide allows NZQA to fairly assess your patient's application.
2. **Approved reasons for a derived grade include:**
 - a. A **temporary** acute illness, condition or injury
 - which occurs **immediately (within 1 week) prior to the candidate's first examination session**
 - the impairment **MUST** be **significant, that is have an observable detrimental effect**
 - 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.
 - b. A **significant** condition or event **after 1 October**.
 - the condition or event will need to have a **significant observable detrimental** affect the student's ability to perform in the examination.
3. NOTE: Impairment **does not** include emotional upsets such as stress due to the examinations.
4. Candidates with a **long term illness or disability (eg concussion, depression, anxiety)**
 - can only be approved if there is a **documented current** and **significant change** to their condition
 - the change must occur **immediately prior** to the examination.
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/...../..... OR Dates of consultations	2. Date of onset condition/illness/...../.....
3. Clinical diagnosis – briefly describe the patient's illness/condition/injury at the time of this consultation	
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 :	

Is there any other information or comment which **you** consider would assist in assessing this candidate's application?

HEALTH PROFESSIONAL ATTESTATION

The above student was seen and examined by me and in my opinion has been medically unfit to sit examinations from/...../..... to/...../.....

I am a registered health professional and hold a current practicing certificate.

Name: Registration No.....

Name of hospital/clinic/surgery

Town/City

Business Telephone no:

Signature Date / /

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.

1. The information you provide allows 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 registered 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 a **significant observable detrimental affected** on the student's ability to attend and/or perform in an examination.
4. 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.

Candidate Name	Date of Birth/...../.....
Date of trauma/event/...../.....	Date(s) of any professional consultation with candidate with regard to this event and its impact
Describe the: <ul style="list-style-type: none"> cause and nature of the personal trauma OR misadventure (a serious unexpected/unfortunate event) OR bereavement and relationship to candidate 	
Describe the impact of the event/trauma on the candidate. 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	

Supporting evidence/information, as appropriate should be attached
Possible examples include: hospital discharge, police report, funeral notice, order of service, attestation from independent counsellor.

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

INDEPENDENT REGISTERED PROFESSIONAL INFORMATION

From my observation and evaluation I confirm this student was unfit to sit examinations

from/...../..... to/...../.....

Independent professional:(name)

Title/role/qualification as applicable

Name of your practice: as appropriate

Town/City: Contact no:

Signature Date / /

Thank you for your time and expertise in completing this form

Section D: PRINCIPAL'S NOMINEE CHECK LIST 2019

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 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 have been quality assured
Principal's Nominee evaluation of application	
<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 INELIGIBLE as it does not meet the eligibility criteria
<input type="checkbox"/>	The school does not hold a valid grade for the standards(s) involved.

ONLINE APPLICATION

The online application tool closes **5pm on Friday 6 December 2019..**

Application was completed online by:

Name Designation (eg. PN, DP)..... Date / /2019

In managing this application, please:

1. refer to the *derived grade* information 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
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