

Self Certification for Candidates who have missed an Examination

Please read the notes before completing this form

Awarding Body	<input type="text"/>	Examination series	<input type="text"/>
Centre No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Centre name	<input type="text"/>
Candidate No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Candidate name	<input type="text"/>
Subject entry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Subject name	<input type="text"/>
Component number	<input type="text"/> <input type="text"/> <input type="text"/>	Date of examination	<input type="text"/>

Part A: The centre should complete Part A of this form

Please circle Yes or No beside the following statements

The centre sent the candidate home ill
(*if the answer is yes, this form is not required by the awarding body/ies) Yes / No

The parent/guardian/carer telephoned the centre to say the candidate was ill Yes / No

The centre is aware of medical circumstances which might cause absence
(*if the answer is yes, this form is not required by the awarding body/ies) Yes / No

The candidate has missed an examination in a terminal series Yes / No

Head of centre/Exams officer

Date _____

Name (Please print) _____

Signature _____

Part B: The doctor/nurse or surgery receptionist should complete Part B

Please circle Yes or No beside the following statements

The patient was seen in the surgery at reception Yes / No

The patient was seen by the nurse Yes / No

The patient was seen by a doctor Yes / No

The patient did not attend the surgery but the doctor/nurse spoke to the parent/
guardian/carer on the telephone Yes / No

The patient was thought to be unfit to sit examinations Yes / No

Any other relevant information

Signed by member of surgery staff

Date _____

Name (Please print) _____

Signature _____

Practice Stamp: _____

Part C: The parent/guardian/carer should complete Part C

Please circle Yes or No beside the following statements

I telephoned the School/College on the day of the examination to say that my son/daughter/ward was too ill to take an examination **Yes / No**

I telephoned the surgery to let them know the symptoms and receive advice **Yes / No**

The symptoms were: _____

Declaration by parent/guardian/carer

I understand that it is fraudulent to claim that a candidate is ill when he or she is fit to attend for a scheduled examination.

I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made.

Signed by parent/guardian/carer

Date _____

Name (Please print)

Signature

Part D: The candidate should sign Part D

Declaration by candidate

I felt too ill to attend my examination.

I understand that my results can be withdrawn or I can be disqualified if I claim to be ill when I am not ill.

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 submitted if the centre knows that the candidate is ill. This form is NOT required in the following circumstances:

- the candidate has missed a module test 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 the 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 should be stated on the special consideration form (JCQ/SC – Form 10).

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

- the candidate has missed a terminal examination or a module which cannot be re-entered;
- the centre knew of no reason for the candidate to be taken ill;
- 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 form should be kept in the centre and Part A completed only where medical evidence is required and when the parent/guardian/carer telephones the centre and the surgery to say what has taken place.

The candidate/parent/guardian/carer takes the form to the surgery for Part B to be completed.

The parent/guardian/carer completes Part C and the candidate completes part D.

This form does not replace the special consideration form. It should be attached to the special consideration form (JCQ/SC – Form 10) relating to a missed examination in a terminal series.

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