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 number		**Date of examination**	

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

Please select Yes or No beside the following statements

The centre sent the candidate home ill
(***if the answer is yes, this form <u>does not</u> 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 <u>does not</u> need to be completed**)   **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 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 to) the examination to say that my son/daughter/ward was too ill to sit an examination **Yes** **No**

I contacted a medical professional regarding the symptoms, <mark>as below</mark>, and received advice **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 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I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made.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 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I understand that my results can be withdrawn, or I can be disqualified if I claim to be ill when I was not.

Signed by candidate Date _____

Name (Please print) _____

Signature _____

Notes on the use of the self-certification form

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 unexpectedly, to say what has taken place.

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

Electronic signatures __are not__ permissible. All parties __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.