

## Self Certification for Candidates who have missed an Examination

*Please read the notes before completing this form*

<b>Awarding Body</b>	<input type="text"/>	<b>Examination series</b>	<input type="text"/>
<b>Centre No</b>	48161	<b>Centre name</b>	Scalby School
<b>Candidate No</b>	<input type="text"/>	<b>Candidate name</b>	<input type="text"/>
<b>Subject entry</b>	<input type="text"/>	<b>Subject name</b>	<input type="text"/>
<b>Component number</b>	<input type="text"/>	<b>Date of examination</b>	<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I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made.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.**