

## 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"/> | Centre name         | <input type="text"/> |
| Candidate No     | <input type="text"/> | Candidate name      | <input type="text"/> |
| Spec No          | <input type="text"/> | Subject name        | <input type="text"/> |
| Component number | <input type="text"/> | Date of examination | <input type="text"/> |

### 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  Yes  No

(\*if the answer is yes, this form is not required by the awarding body)

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

(\*if the answer is yes, Part B of this form will need to be completed)

The centre is aware of medical circumstances which may cause absence  Yes  No

(\*if the answer is yes, this form is not required by the awarding body)

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 must complete Part B where appropriate

Please select Yes or No beside the following statements

The patient was seen in the surgery at reception  Yes  No

The patient was seen by a 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 must complete Part C**

Please select 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 sit 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 must 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 was not.

**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 was ill. 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 telephones the centre and the surgery to say what has taken place.

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

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

**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.**