

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"/>
Subject entry	<input type="text"/>	Subject name	<input type="text"/>
Component number	<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) **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 may cause absence
 (*if the answer is yes, this form is not required by the awarding body) **Yes / No**
- The candidate has missed an examination in a terminal series **Yes / No**

Head of centre/Exams officer

Name (Please print)

Date _____

Signature _____

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

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 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

Name (Please print)

Date _____

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I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made.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