

Self-certification for candidates who have missed an examination

Please read the notes on page 3 before 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

☐ Yes ☐ No

(*if the answer is yes, this form does not need to be completed)

The parent/guardian/carer contacted the centre to say the candidate was ill

☐ Yes ☐ No

(*if the answer is yes, Part B and C 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 does not need to be completed)

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 contacted the school/college (e-mail, telephone or text) 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, as below, and received advice

☐ Yes ☐ No

(Awarding bodies **do not** require medical notes/certificates)

The symptoms were:

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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.

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I understand that my results can be withdrawn or I can be disqualified if I claim to be ill when I was not.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 is not a special consideration form. It does not need to be completed (and kept on file within the centre as additional evidence) if the centre knows that the candidate was ill.

Centres must not complete this form where the candidate:

- has missed a unit and can be re-entered in a future series; or
- was sent home ill; or
- was seen to be falling ill the previous day; or
- has a long-term medical condition which results in sudden absence; or
- can provide a prescription showing the date and their name and address; or
- can provide a label from medication showing their name and the date when prescribed.

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/carers contacts the centre unexpectedly, to say what has taken place.

The parent/guardian/carers **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.