

**CANDIDATE / PARENT TO COMPLETE BOXES ABOVE PART A,
PLUS PARTS B & C. THEN PRINT, HAND-SIGN AND RETURN TO THE
EXAMS OFFICER, MAIDEN ERLEGH SCHOOL.
DO NOT COMPLETE PART A.**

**JCQ/MES
Form 14**

Self-certification for candidates who have missed an examination

Please read the notes on page 3 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"/>
Paper code (on exams timetable)	<input type="text"/>	Date of examination	<input type="text"/>

Part A: The centre will complete this section of the form

Please select Yes or No beside the following statements

- | | | |
|---|------------|-----------|
| - The centre sent the candidate home ill | Yes | No |
| - The parent/guardian/carer contacted the centre to say the candidate was ill | Yes | No |
| - The centre is aware of medical circumstances which may cause absence | 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 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; but the school may ask you for evidence) .

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.

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I understand that my results can be withdrawn or I can be disqualified if I claim to be ill when I was not.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 must be completed by the parent/carer and candidate to notify the centre that the candidate was absent because they were ill.

The centre may require evidence in addition to this form e.g.

- a prescription showing the date and candidate's name and address; or
- a label from medication showing the candidate's name and the date when prescribed.

This self certification form will be considered by the centre only if:

- 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 will 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 will be retained on the centre's files. An awarding body may request the form for quality assurance purposes.