

# Derived grade application form



Students, make sure you meet the eligibility criteria before filling out this form and giving it to your school:

[www2.nzqa.govt.nz/dg-available](http://www2.nzqa.govt.nz/dg-available)

## Section 1

### Your details

Full name

National Student Number

What school do you attend?

Email

### Why are you applying for derived grades?

**Medical** - I have a temporary acute illness or injury, or sudden and significant change to a chronic illness or condition.

— [Complete sections 1, 2 and 5](#)

**National representation** - I was selected for representation at national or international level.

— [Complete sections 1, 3 and 5](#)

**Event** - An event outside my control, such as a tangi, funeral or emergency.

— [Complete sections 1, 4 and 5](#)

Date of event or onset of medical condition (dd/mm/yy)

Externals affected from (dd/mm/yy)

Externals affected to (dd/mm/yy)

# Derived grade application form

My affected standards are

Standard number	Exam date or portfolio due date	Did you sit the exam or submit a portfolio? (Y/N)



Need more room? Please list any additional standards on a separate piece of paper and include it with your application.

## Section 2: Medical application



This section must be completed by an independent, New Zealand-registered health professional. Practitioners, please review the derived grade eligibility before completing this form for the applicant:

[www2.nzqa.govt.nz/dg-available](http://www2.nzqa.govt.nz/dg-available)

**I am:**

**Medical doctor**

**Psychologist**

**Physiotherapist**

**Nurse**

**Counsellor**

**Other (please provide details)**

**My patient or client's name is**

**I first examined the patient on**

**Other dates I saw the patient (if applicable)**

**Date they can resume sitting exams**

**Please briefly describe the applicant's illness, condition or injury during the consultation and its impact on their ability to complete or perform in assessments**

## Your details and attestation

**Full name**

**Registration number**

**Place of work**

I am a New Zealand-registered health professional and hold a current practising certificate. I saw the applicant in a professional capacity. In my opinion they were unfit to complete or perform in examinations between:

**Signature**

## Section 3: National representation application



Students, fill in this section if you were selected by a registered national body to represent your country in a nationally selected team. Make sure you're eligible:

[www2.nzqa.govt.nz/dg-available](http://www2.nzqa.govt.nz/dg-available)



For national representation applications, you need pre-approval. Give this form to your school's Principal's Nominee before 1 November.

### Date and location of event

(Derived grades are available for reasonable travel time to and from your match or event)

### Which national body selected you?

## Supporting evidence

I have attached the following documentation to support my application:

**a letter from a registered national body verifying that I have been selected for a national team or for national representation**

**evidence of the event's dates, such as a programme or event brochure**

**confirmed travel arrangements showing the dates I can't sit examinations.**

You must provide all of the above before the event. On the day of the event, you must provide evidence of your actual attendance.



Give your school's Principal's Nominee evidence that you attended the event, such as a photo of you there. This will be shared with NZQA.

## Section 4: Event application



Students, fill in this section if you've faced a significant event but don't need a consultation from a health professional. Make sure you're eligible:

[www2.nzqa.govt.nz/dg-available](http://www2.nzqa.govt.nz/dg-available)

### Details

Please briefly describe the event and its impact on your ability to complete or perform in examinations:

### Supporting evidence

I have attached the following evidence to support my application (select any that apply):

**a police or traffic report**

**a report from a social worker**

**an order of service for a funeral or tangi**

**a death notice**

**a statement from my school's Principal's Nominee confirming that I experienced an event that significantly impacted me**

**a newspaper report about an event that directly impacted me**

**other (please provide details)**



## Section 5: Your signature

### Who completed this form?

**The applicant**

**The applicant's guardian**

**A staff member at the applicant's school (please let us know your role)**

**Staff member role (if applicable)**

### Applicant or guardian's signature

The information I provided in this application is true. I understand that if I am not truthful my application will not be accepted and I may be investigated for breaching the Assessment Rules.

I authorise my school and NZQA to discuss this application with any person who signs this form or any of the attachments, in line with our privacy policy. [www2.nzqa.govt.nz/about-us/privacy](http://www2.nzqa.govt.nz/about-us/privacy)

**Full name**

**Signature**

**Date**



**This is the end of the form**

Make sure you give it to your school's Principal's Nominee as soon as possible.