VICTORIAN CURRICULUM AND ASSESSMENT AUTHORITY
41 St Andrews Place East Melbourne Victoria 3002 Australia
TELEPHONE +61 3 9651 4300 FACSIMILE +61 3 9651 4324
EMAIL vcaa@edumail.vic.gov.au WEB www.vcaa.vic.edu.au
ABN 82 628 957 617

Victoria
The Place To Be

2009 CCAFL Written Examinations

Tuesday 20 October 2009

Albanian, Arabic, Armenian, Bosnian, Croatian, Dutch, Filipino, Hebrew, Hindi, Hungarian, Khmer, Korean First Language, Korean Second Language, Macedonian, Maltese, Persian, Polish, Portuguese, Punjabi, Romanian, Russian, Serbian, Sinhala, Swedish, Tamil, Turkish, Ukrainian, Yiddish

School details (*Block letters please*)

SCHOOL NAME _____ VCAA SCHOOL NUMBER ☐☐☐☐☐

CONTACT PERSON _____ TELEPHONE _____

POSITION _____ DISTRICT ☐ COUNTRY ☐ METRO

ARE YOU NOMINATING YOUR SCHOOL AS A CENTRE FOR CCAFL WRITTEN EXAMINATIONS?

YES ☐ ▶ PLEASE COMPLETE THE FORM

NO ☐ ▶ PLEASE SIGN AND RETURN THE FORM. (**NOTE**: YOUR STUDENTS WILL BE PLACED AT ANOTHER CENTRE.)

DO YOU CHOOSE TO CONDUCT THE CCAFL WRITTEN EXAMINATIONS FOR:

OPTION A. YOUR 'HOME' SCHOOL STUDENTS ONLY? ☐ ▶ (**NOTE**: VCAA WILL ONLY PAY FOR SUPERVISION IF THE NUMBER OF STUDENTS PER LANGUAGE/S IS 10 OR GREATER.)

AND/OR

OPTION B. STUDENTS FROM OTHER SCHOOLS TOGETHER WITH YOUR HOME SCHOOL STUDENTS ☐

IF OPTION B, OR BOTH OPTIONS A & B ARE TICKED, PLEASE COMPLETE SECTIONS 1 TO 5 BELOW

1. ARE YOU ABLE TO CONDUCT MORE THAN ONE CCAFL WRITTEN EXAMINATION AT YOUR SCHOOL? YES ☐ NO ☐
2. INDICATE TYPE OF CENTRE ROOM/S ☐ HALL ☐
3. THE NUMBER OF ROOMS YOU HAVE AVAILABLE _____
4. SEATING CAPACITY OF EACH ROOM _____ PER ROOM HALL _____
5. IF USING OFFSITE PREMISES, PLEASE INDICATE LOCATION / ADDRESS _____

Equipment

It is imperative that each CCAFL written examination be held in a separate room as each language examination has a listening component. A CD player must be provided by the school hosting the examination. This equipment must be of a suitable quality and positioned to enable all students to hear the examination clearly.

PRINCIPAL'S SIGNATURE ..... DATE .....

Please return this information to *Maria Fragale*, *Assessment Operations*, VCAA by **Friday 24 July 2009**.