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| OFFICE USE ONLY |
| G. |
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2009 General Achievement Test Centres

To be completed by all VCE providers, even if confirming 2008 arrangements

Please return this information to *Maria Fragale, Assessment Operations, VCAA* by **Friday 6 March 2009.**

School details *(Please print)*

SCHOOL NAME VCAA SCHOOL NUMBER

Please refer to memorandum 4/2009 as well as the 2008 Schools Associated and Combined Centres Report before completing this form.
 Changes to studies and student enrolment numbers will be collected from the enrolment data.

The above school will be using the following centre/s for the 2009 General Achievement Test.

SECTION A (This section must be fully completed)

You must advise us of your centre for the GAT (General Achievement Test) to be held on Thursday 11 June 2009.

| | | | |
|------------|---------------------------------------|----------------------|---|
| GAT | CENTRE | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | STREET ADDRESS OF CENTRE | <input type="text"/> | <i>(Office use only)</i> |
| | | <input type="text"/> | POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | SEATING CAPACITY OF THE CENTRE | <input type="text"/> | NUMBER OF ROOMS/ VENUES TO BE USED <input type="text"/> |

| | | | |
|-------------------------------|----------------------|---------------------------------|----------------------|
| CONTACT PERSON AT HOST SCHOOL | <input type="text"/> | TELEPHONE | <input type="text"/> |
| POSITION | <input type="text"/> | AFTER HOURS TELEPHONE OR MOBILE | <input type="text"/> |

Did you use this centre for the GAT in 2008? YES NO

Is this centre being shared with other schools? YES * NO

If yes, please indicate name/s of other school/s.

If the centre is being shared, who is the 'host' school?

Note: If two or more schools use an outside centre, the VCAA may pay an approved hiring fee, if applicable.
Schools must seek PRIOR approval in writing by Friday 27 March 2009.

Are the arrangements on the 2008 Schools Associated and Combined Centres Report correct for 2009? YES NO *(If NO, please explain)*

Note: If your school will use more than one centre for the GAT, please give full details of arrangements required in writing attached to this form.

Is your school more than 15 km from the nearest school offering VCE Units 3 and 4 in 2009? YES NO

* The **host** school **MUST** complete the 2009 GAT and VCE Examination Supervisors form which is also to be returned to the Victorian Curriculum and Assessment Authority by Friday 6 March 2009.

PRINCIPAL'S SIGNATURE DATE

- Note:**
- If you are making arrangements to combine for a study/s and/or to transfer individual student/s to another centre you **must** complete Section B1 and/or C over the page. You **must** also complete the 'Approval to combine/transfer for external examinations' form which is enclosed in memorandum 4/2009.
 - The 'Approval to combine/transfer for external examinations' form must be completed if:
 - your school makes arrangements to combine with another school/s for a study/s and/or
 - you are requesting the previous year's arrangements with another school/s and/or
 - you transfer individual student/s from your centre to another centre.

Failure to complete this form or omission of this form will mean changes will not occur and/or previous year's arrangements will not continue.

It would be appreciated if the 'Approval to combine/transfer for external examinations' form/s is/are returned attached to the 2009 VCE Examination Centres' form.

Please return original form/s.

Please turn over

June – 2009 VCE Examination Centres

To be completed by all VCE providers, even if confirming 2008 arrangements

Please return this information to *Maria Fragale, Assessment Operations, VCAA* by **Friday 6 March 2009**.

School details *(Please print)*

SCHOOL NAME VCAA SCHOOL NUMBER

Please refer to memorandum 4/2009 as well as the 2008 Schools Associated and Combined Centres Report before completing this form. The above school will be using the following centre/s for the 2009 June examinations.

SECTION A (This section must be fully completed)

| | | | | | |
|-------------|---|--------------------------------|------------------------------------|---|--|
| June | CENTRE | <input type="text"/> | | <input type="text"/> | |
| | STREET ADDRESS OF CENTRE | <input type="text"/> | | <i>(Office use only)</i> | |
| | SEATING CAPACITY OF THE CENTRE | <input type="text"/> | POSTCODE | <input type="text"/> | |
| | | <input type="text"/> | NUMBER OF ROOMS/ VENUES TO BE USED | <input type="text"/> | |
| | CONTACT PERSON AT HOST SCHOOL | <input type="text"/> | | TELEPHONE | <input type="text"/> |
| | POSITION | <input type="text"/> | | AFTER HOURS TELEPHONE OR MOBILE | <input type="text"/> |
| | Did you use this centre in June 2008? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <i>This will only be used in case of emergency during examination period.</i> | |
| | Is this centre being shared with other schools? | YES * <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| | If yes, please indicate name/s of other school/s. | | | | |
| | <input type="text"/> | | <input type="text"/> | | |
| | If the centre is being shared, who is the 'host' school? | | | | |
| | <input type="text"/> | | | | <i>(If NO, please provide the relevant information in Sections B and/or C)</i> |
| | Are the arrangements on the 2008 Schools Associated Combined Centres Report correct for 2009? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

* The **host** school **MUST** complete the 2009 GAT and VCE Examination Supervisors form which is also to be returned to the Victorian Curriculum and Assessment Authority by **Friday 6 March 2009**.

SECTION B

B1. Transferring a whole study(s) to ANOTHER CENTRE

| STUDY | NAME OF HOST SCHOOL WHERE THE EXAMINATION WILL BE CONDUCTED |
|----------------------|---|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

B2. Transferring whole study(s) back to your ASSOCIATED CENTRE

| STUDY | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

SECTION C

Transferring individual student(s) to another centre *(Where a study consists of only one student this becomes a group move therefore complete Section B1.)*

| STUDY | STUDENT NUMBER | STUDENT NAME | NAME OF HOST SCHOOL WHERE THE EXAMINATION WILL BE CONDUCTED |
|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PRINCIPAL'S SIGNATURE

DATE.....



October/November – 2009 VCE Examination Centres

To be completed by all VCE providers, even if confirming 2008 arrangements

The information regarding October/November examination centres can be returned by Friday 6 March 2009 but no later than Friday 24 July 2009.

School details *(Please print)*

SCHOOL NAME VCAA SCHOOL NUMBER

Please refer to memorandum 4/2009 as well as the 2008 Schools Associated and Combined Centres Report before completing this form.

The above school will be using the following centre/s for the 2009 October/November examinations.

SECTION A (This section must be fully completed)

| | | | | |
|--|--------------------------|------------------------------------|---|--|
| October/November CENTRE | <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | | <i>(Office use only)</i> | |
| STREET ADDRESS OF CENTRE | <input type="text"/> | | | |
| | <input type="text"/> | POSTCODE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| SEATING CAPACITY OF THE CENTRE | <input type="text"/> | NUMBER OF ROOMS/ VENUES TO BE USED | <input type="text"/> | |
| CONTACT PERSON AT HOST SCHOOL | <input type="text"/> | | TELEPHONE | <input type="text"/> |
| POSITION | <input type="text"/> | | AFTER HOURS TELEPHONE OR MOBILE | <input type="text"/> |
| Did you use this centre in October/November 2008? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| Is this centre being shared with other schools? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| If yes, please indicate name/s of other school/s. | | | | |
| <input type="text"/> | | <input type="text"/> | | |
| If the centre is being shared, who is the 'host' school? | | | | |
| <input type="text"/> | | | | |
| Are the arrangements on the 2008 Schools Associated and Combined Centres Report correct for 2009? | | | | |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | <i>(If NO, please provide the relevant information in Sections B and/or C)</i> |

This will only be used in case of emergency during examination period.

- Note:**
1. If you are making arrangements to combine for a study/s and/or to transfer individual student/s to another centre you **must** complete Section B1 and/or C over the page. You **must** also complete the 'Approval to combine/transfer for external examinations' form which is enclosed in memorandum 4/2009.
 2. The 'Approval to combine/transfer for external examinations' form must be completed if:
 - a) your school makes arrangements to combine with another school/s for a study/s and/or
 - b) you are requesting the previous year's arrangements with another school/s and/or
 - c) you transfer individual student/s from your centre to another centre.

Failure to complete this form or omission of this form will mean changes will not occur and/or previous year's arrangements will not continue.

It would be appreciated if the 'Approval to combine/transfer for external examinations' form/s is/are returned attached to the 2009 VCE Examination Centres' form.

Please return original form/s.

Please turn over

SECTION B

B1. Transferring a whole study(s) to ANOTHER CENTRE

| STUDY | NAME OF HOST SCHOOL WHERE THE EXAMINATION WILL BE CONDUCTED |
|-------|---|
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B2. Transferring the whole study(s) back to your ASSOCIATED CENTRE

| STUDY |
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SECTION C

Transferring individual students to ANOTHER CENTRE

(Where a study consists of only one student this becomes a group move therefore complete Section B1.)

| STUDY | STUDENT NUMBER | STUDENT NAME | NAME OF HOST SCHOOL WHERE THE EXAMINATION WILL BE CONDUCTED |
|-------|----------------|--------------|---|
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| Is your school more than 15 km from the nearest school offering VCE Units 3 and 4 in 2009? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

PRINCIPAL'S SIGNATURE

DATE.....

Note: If two or more schools use an outside centre, the VCAA may pay an approved hiring fee, if applicable.

Schools must seek PRIOR approval for the November examination period in writing by Friday 24 July 2009.

Please return the October/November form to *Maria Fragale, Assessment Operations*, Victorian Curriculum and Assessment Authority by **Friday 6 March 2009** OR no later than **Friday 24 July 2009**.