

Premier's VCE Awards 2023: Outstanding VCE Vocational Major Student Awards Acceptance of Nomination/Consent Form

COLLECTION NOTICE

The Outstanding VCE Vocational Major (VM) Student is an Award category in the Premier's VCE Awards 2023 ("the Awards"), which are administered by the Victorian Department of Education (DE). The VCAA collects the personal information requested in this form and shares it with DE for the purpose of administering and promoting the Awards and the VCE VM generally. The VCAA collects your personal information via a third party contractor, Vision 6.

The personal information collected on this form will be used by relevant VCAA employees and disclosed to relevant contractors, DE and members of the Awards judging panel for and in connection with the abovementioned purpose. The personal information collected will not otherwise be used or disclosed by the VCAA, except with the prior consent of the individual, or if the VCAA is required or otherwise permitted by law to do so. When an individual's personal information is provided to the VCAA by someone else, the VCAA requests that the individual is made aware their personal information will be or has been provided to the VCAA, the purpose for which it will be or was provided and to whom it will be or is likely to be disclosed.

Failure to provide all information requested on this form may exclude the nomination from consideration for an Outstanding VCE Vocational Major Student Award.

An individual may request access to personal information the VCAA holds about them, if any, and request its correction if inaccurate. To do so, please contact the VCAA Applied Learning Unit on (03) 9059 5160. The VCAA Privacy Policy can be found at www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx.

Please complete all sections. Ensure that the nominee completes and signs the consent section on the reverse.

Please print clearly and in CAPITAL LETTERS.

STUDENT NOMINEE DETAILS

Surname	<input type="text"/>																													
First name	<input type="text"/>																													
Email	<input type="text"/>																													
Telephone	<input type="text"/>																													
Address	<input type="text"/>																													
	<input type="text"/>																				State	<input type="text"/>			Postcode	<input type="text"/>				
VCAA Student No.	<input type="text"/>																													

NOMINATOR DETAILS

Surname	<input type="text"/>																													
First name	<input type="text"/>																													
VCE VM Provider/Organisation	<input type="text"/>																													

Nominees: please complete the section below to confirm your acceptance of the following conditions.

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|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--------------------|--|--|--|--|
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | Date | | | | | ____ / ____ / ____ | | | | |