Application for authorisation for a single study provider

Who should complete this application form?

Providers who are **not** registered with the VRQA and are applying to deliver a single VCE study using agreements with student home schools

Senior secondary education providers must be authorised by the VCAA, the accredited owner of the Victorian Certificate of Education program *(Education and Training Reform Regulations 2017, Schedule 8)*.

Providers applying for authorisation to deliver the VCE must demonstrate capacity to comply with the conditions set by the VCAA.

Application submission

All submissions must be submitted electronically.

Submission by USB formatted for a Windows environment to:

Authorisations

Victorian Curriculum and Assessment Authority

Level 7, 2 Lonsdale Street

Melbourne VIC 3000

Submission of Windows-compatible zipped files (less than 10Mb) to:

[vcaa.authorisations@edumail.vic.gov.au](mailto:vcaa.authorisations@edumail.vic.gov.au)

**Collection Notice**

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority continued under the *Education and Training Reform Act 2006* (Vic). The VCAA collects the information requested in this form, which includes personal information as defined in section 3 of the *Privacy and Data Protection Act 2014* (Vic), for the purpose of assessing your institution’s application for recognition as a Senior School Provider. Additionally, in the event that this application is approved, the VCAA will use the personal information provided in this form to communicate with representatives of your institution regarding your institution’s ongoing recognition as a Senior School Provider. The VCAA may disclose the personal information collected in this form to organisations such as the Victorian Tertiary Admissions Centre (VTAC) and the Victorian Registration and Qualifications Authority (VRQA) to enable those organisations to contact your institution in relation to their functions. The VCAA will not use or disclose the personal information collected in this form except for the abovementioned purposes, with the consent of the individual or if otherwise required or authorised by law to do so. If the requested information is not provided, your institution’s application will not be considered by the VCAA. When an individual’s personal information is provided to the VCAA by a third party, the VCAA requests that those individuals are made aware that their personal information will be or has been provided to the VCAA and the purpose for which it is or was provided. An individual may request access to personal information the VCAA holds about them, and request its correction if inaccurate. To access personal information held by the VCAA, contact the VCAA Privacy Officer at [privacy.vcaa@edumail.vic.gov.au](mailto:privacy.vcaa@edumail.vic.gov.au). The VCAA Privacy Policy can be found at [www.vcaa.vic.edu.au/Pages/aboutus/policies/privacypolicy.aspx](http://www.vcaa.vic.edu.au/Pages/aboutus/policies/privacypolicy.aspx)

| **PART A – Provider details** | |
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| **Complete all fields below. List n/a in any fields that are not applicable.**  **Contact details for at least two people must be provided.** | |
| 1. **Organisation/Institution** | |
| Registered business name | Click here to enter text. |
| Operating name  *The VCAA will use this as the provider name* | Click here to enter text. |
| Email address | Click here to enter text. |
| Telephone number | Click here to enter text. |
| Postal address | Click here to enter text. |
| Street address  *Please provide if different from postal address* | Click here to enter text. |
| Australian Business Number | Click here to enter text. |
| Australian Company Number | Click here to enter text. |
| 1. **Principal/Director** |  |
| Name | Click here to enter text. |
| Role title | Click here to enter text. |
| Work-based email address | Click here to enter text. |
| Work-based telephone number | Click here to enter text. |
| 1. **VCE contact person** |  |
| Name | Click here to enter text. |
| Role title | Click here to enter text. |
| Work-based email address | Click here to enter text. |
| Work-based telephone number | Click here to enter text. |

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| 1. VCE Teachers |

List all VCE teachers, their VIT registration details and work email addresses. All VCE teachers **must** have current VIT registration.

If required, add more rows to accommodate the number of VCE teachers.

| VCE teacher name | VIT registration number | Email address |
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| 1. **Teaching Locations** | |
| Provide site information for **every** VCE teaching location. |  |
| **Main teaching site** |  |
| Street address for main teaching location | Click here to enter text. |
| Name of location  *For example, if this is a school, please enter the school’s name.* | Click here to enter text. |
| Describe the classroom facilities to be used at this site  *For example, number/type of rooms* | Click here to enter text. |
| Telephone number | Click here to enter text. |
| Name of teacher(s) teaching VCE at this site | Click here to enter text. |

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| **VCE teaching site 2** |  |
| Street address for teaching location | Click here to enter text. |
| Telephone number | Click here to enter text. |
| Identify the premises type of this site  For example, hall, community centre, church | Click here to enter text. |
| Describe the classroom facilities to be used at this site  For example, number/type of rooms | Click here to enter text. |
| Name of teacher(s) teaching VCE at this site | Click here to enter text. |

| PART B – Application details for delivery in 2020 | | |  | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Complete the fields below.** | | | | | | |
| 1. **VCE Studies for delivery in 2020** | | | | | | |
| **VCE study** | **Units for delivery**  *Click on the check box for each unit intended for delivery.* | **Estimated student enrolments**  *Select the estimated enrolments from the drop-down list.* | | **Hours per week**  *State how many hours this study will be taught weekly.* | **Weeks per unit**  *State how many weeks have been assigned to each unit.* | **Hours per unit**  *Calculate how many hours are assigned to each unit in total.* |
| Click here to enter text. | Unit 1  Unit 2  Unit 3  Unit 4 | Please select from this drop-down list. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Unit 1  Unit 2  Unit 3  Unit 4 | Please select from this drop-down list. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| 1. **Schools with which agreements will be in place for 2020** | | | | | | |

* An agreement must be in place between the home school and the single study provider before delivery commences. (Note: the ‘home school’ is the student’s main school)
* Provide the details for each school with which the provider has/will have an agreement in 2020.
* Indicate whether the agreement has already been established and signed by the provider and school or if the agreement is pending.
* Agreements must be completed annually with each school and may be requested by the VCAA during the School-based Assessment audit (see Part D for more information).
* If required, add more rows to accommodate the number of schools.

| School number | School name | School suburb | 2020 agreement status | Stud/ies | Number of students |
| --- | --- | --- | --- | --- | --- |
|  |  |  | Please select from this drop-down list. |  |  |
|  |  |  | Please select from this drop-down list. |  |  |

| **PART C – Authorisation conditions** | |
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| **Check the boxes below to indicate that you understand and agree to these conditions.** | |
| 1. Authorisation as a VCE Single Study Provider (SSP) will be for the period 1 January 2020 until 31 December 2020 unless authorised otherwise by the VCAA. |  |
| 1. The provider undertakes to do the following:    1. To notify the VCAA by email ([vcaa.authorisations@edumail.vic.gov.au](mailto:vcaa.authorisations@edumail.vic.gov.au)) of any changes to any provider details in Part A of this application form. |  |
| * 1. To adhere strictly to the requirements of the study design. |  |
| * 1. To ensure that **only** teachers registered with the Victorian Institute of Teaching deliver VCE studies, **without exception**. |  |
| 1. Single study providers can only operate from the **site address** stated in this application. If an organisation intends to move address or wishes to open another campus at a different site to the one(s) stated in this application, the VCAA must be notified by email immediately. The principal/director must complete the documentation provided and undergo the relevant process for authorisation of the new campus. |  |
| 1. **VCE authorisations are not transferrable.** VCE provider authorisations cannot be sold or transferred administratively to another provider operating under the same or a new provider name (trading or otherwise). In such a circumstance, the new provider must apply for authorisation as a new VCE single study provider. |  |
| 1. The provider must not use the VCAA’s authorisation as a VCE SSP to promote the provider in any advertising beyond stating that this provider is authorised. |  |
| 1. The VCAA conducts a School-based Assessment audit on selected providers on an annual basis. New VCE providers will almost always be audited in their first year of delivering Units 3 and 4. The selected providers are emailed with information about the process when the audit commences. Further details are available at: <http://www.vcaa.vic.edu.au/Pages/vce/studies/sbaaudit-index.aspx> |  |
| 1. The VCAA at all times reserves the right to:    1. authorise or not authorise providers as VCE SSPs.    2. make conditions for the authorisation or continued authorisation of any provider as a VCE SSP.    3. cancel authorisation of providers as VCE SSPs where any conditions made by the VCAA in relation to such authorisation are not met; or where VCAA regulations are not met or observed; or where VCAA in its absolute discretion determines that a provider or institution should no longer be authorised as a VCE SSP.    4. Establish, amend and add to procedures and regulations for the continued authorisation of providers as VCE SSPs. |  |
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| **PART D – Application requirements checklist** | | |
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| **Complete and submit the evidence required along with this application form.**  **Use the checklist below to ensure all required evidence is included.**  VCAA authorisation evidence requirements are set to ensure providers are able to meet the minimum standards to deliver an accredited senior secondary course (*Education and Training Reform Regulations 2017,* Schedule 8). In the case of single study providers, agreements are utilised so the home schools of students are responsible for meeting the minimum standards **except** regarding curriculum and assessment delivery.  Please note: if the evidence provided is identified as having areas of concern, the VCAA may require additional evidence beyond that listed below to demonstrate that the provider has met the minimum standards. | | |
| VCE Curriculum and Assessment plan |  |  |
| VCE Assessment task plans |  |  |
| Accessing information from the VCAA |  |  |
| Administrative support for each home school |  |  |

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| **PART E – Statutory Declaration for submitted application** | |
| **I solemnly and sincerely declare that the information I have provided in this application is true and correct.**  **I make this declaration with the understanding and in the belief that a person who makes a false declaration is liable to the penalties of perjury.** | |
| Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  in the State of Victoria  on the \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ | ……………………………………………..  Signature of person making this declaration  (to be signed in front of an authorised witness) |
| Before me |  |
| ……………………………………….  Signature of authorised witness | ……………………………………………………  Title of authorised witness pursuant to s.107A of the *Evidence (Miscellaneous Provisions) Act 1958* (Vic) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of authorised witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of authorised witness |  |

| Who can witness Statutory Declarations? | |
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| **Following legislation from 1 September 1990, the following people are able to witness Statutory Declarations:** | |
| A Justice of the Peace or Bail Justice | A Patent Attorney |
| A Barrister or Solicitor | A Police Officer |
| A Fellow of the Institute of Legal Executives | The Secretary of a Building Society |
| A member / former Member of either House of the Victorian or Commonwealth Parliament | A Minister of Religion authorised to celebrate marriages |
| A Town Clerk or Shire Secretary | A Sheriff or Deputy Sheriff |
| A Dentist | A Councillor of a Municipality |
| A Pharmacist | A Doctor |
| A Principal in the teaching service | A Veterinary Surgeon |
| A member of the Institute of Chartered Accountants, the Australian Society of Accountants or the National Institute of Accountants | A Bank Manager |
| A Notary Public | A prescribed State Public Servant |
| Registrars of Magistrates’ Courts and various other court officials |  |