Compulsory first stage application for authorisation for a single study language provider

Who should complete this application form?

Single study language providers within the registration of Community Languages of Australia.

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

The compulsory first stage of the authorisation process collects information about the school and the VCE languages for delivery in 2020. **Submissions are required by all single study language providers each year.**

The second stage of the authorisation process will collect information about curriculum and assessment materials and/or administrative practices. Submissions will be required by new and selected Single study language providers. Further information about the selection process will be provided by email. Please refer to the VCAA website for second stage reauthorisation categories.

Application submission

All submissions must be submitted by email no later than **Friday 9 August** **2019**.

Submission of Windows-compatible Word or PDF file to (less than 10Mb):  
[vcaa.authorisations@edumail.vic.gov.au](mailto:vcaa.authorisations@edumail.vic.gov.au)

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| 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 personal information collected in this form will be disclosed to and used by relevant VCAA employees and/or contractors for and in connection with the abovementioned purpose. The VCAA may also 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 personal information collected will not otherwise be used or disclosed by the VCAA except with the consent of the individual, or if the VCAA is required or otherwise permitted by law to do so. If the requested personal 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 the individual is made aware that 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. An individual may request access to personal information the VCAA holds about them, and request its correction if inaccurate. Initial enquiries regarding access to personal information held by the VCAA in relation to this application can be made by contacting the VCE Curriculum Unit on 03 9032 1699 or vcaa.authorisations@edumail.vic.gov.au. The VCAA Privacy Policy can be found at [www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx](http://www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx). |

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| PART A – Provider details | |
| **Complete all fields below.** | |
| 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. |
| Australian Business Number | Click here to enter text. |
| VCAA School Code | Click here to enter text. |
| Provider email address  *This* ***must*** *be an email address which is checked regularly* | Click here to enter text. |
| Provider telephone number  *This* ***must*** *be a telephone number which is contactable during business hours* ***and*** *when classes are in operation* | Click here to enter text. |
| Postal address  *This is the address the VCAA will send correspondence to.* | Click here to enter text. |
| 1. **Community Languages of Australia/Ethnic Schools Association of Victoria membership** | |
| Membership number | Click here to enter text. |
| VRQA site registration listing all campuses  *Check the box to confirm that a copy of the school’s VRQA site registration document has been included with this application.* | VRQA site registration included |

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| PART B – Personnel details | |
| **Complete all fields below.** | |
| 1. **Authorisation contact person**   *Provide details of the person who will liaise with the VCAA regarding this application and throughout the authorisation period. This person must be contactable during business hours and when classes are in operation.* | |
| 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. |
| After-hours telephone number | Click here to enter text. |
| 1. **Proprietor/Manager of organisation / institution** | |
| 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. |
| After-hours telephone number | Click here to enter text. |
| 1. **Principal/Director of organisation / institution** | |
| 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. |
| After-hours telephone number | Click here to enter text. |
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| 1. VCE Coordinator   *Provide details of the person responsible for overseeing and communicating the VCE administrative arrangements.* | |
| 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. **VASS Administrator**   *Provide details of the person responsible for entering the required enrolment and results data on VASS.* | |
| 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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| PART C – Teaching and learning location details | |
| **Provide site information for every VCE teaching location.**  **If required, copy and paste the site table to include any other VCE teaching sites.** | |
| 1. **Teaching and learning locations** | |
| **Main VCE 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. |
| Telephone number | Click here to enter text. |
| How many years has the provider delivered VCE at the main site? | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 1 and 2 at this site | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 3 and 4 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. |
| Name of location  *For example, if this is a school, please enter the school’s name.* | Click here to enter text. |
| Telephone number | Click here to enter text. |
| How many years has the provider delivered VCE at this site? | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 1 and 2 at this site | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 3 and 4 at this site | Click here to enter text. |

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| **VCE teaching site 3** |  |
| Street address for 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. |
| Telephone number | Click here to enter text. |
| How many years has the provider delivered VCE at this site? | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 1 and 2 at this site | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 3 and 4 at this site | Click here to enter text. |
| **VCE teaching site 4** |  |
| Street address for 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. |
| Telephone number | Click here to enter text. |
| How many years has the provider delivered VCE at this site? | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 1 and 2 at this site | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 3 and 4 at this site | Click here to enter text. |
| **VCE teaching site 5** |  |
| Street address for 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. |
| Telephone number | Click here to enter text. |
| How many years has the provider delivered VCE at this site? | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 1 and 2 at this site | Click here to enter text. |
| Number of teacher(s) teaching VCE Units 3 and 4 at this site | Click here to enter text. |

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| PART D – VCE Languages for delivery in 2020 | | | | | |
| **Complete the fields below.** | | | | | |
| **VCE Language**  *Select the VCE Language from the drop-down list.* | **Units for delivery**  *Click on the check box for each unit intended for delivery during 2020.* | **Estimated student enrolments**  *Select the estimated enrolments for 2020 from the drop-down list.* | **Hours per week**  *List how many hours this study will be taught each week in 2020.* | **Weeks per unit**  *List how many weeks have been assigned to each unit for 2020.* | **Total hours per unit**  *Calculate how many hours are assigned to each unit in total for 2020.* |
| Please select from this drop-down list. | 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. |
| Please select from this drop-down list. | 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. |
| Please select from this drop-down list. | 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. |
| Please select from this drop-down list. | 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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| PART E – Authorisation conditions | |
| **Check the boxes below to indicate that you understand and agree to these conditions.** | |
| 1. Authorisation as a VCE Single Study Language Provider (SSLP) will be for the period 1 January 2020 until 31 December 2020 unless authorised otherwise by the VCAA. |  |
| 1. The provider will undertake the following as required:    1. To immediately update any changes to the following information on VASS:       * Site address       * Telephone number       * Organisation/institution email address       * Principal/Director name or details       * VCE Coordinator name or details |  |
| * 1. To send to the VCAA all required enrolment and results data as outlined in the Important Administrative Dates, which are published on the VCAA website in Term 4 each year. |  |
| * 1. To meet all relevant administrative and assessment requirements in the *VCE and VCAL Administrative Handbook* (updated annually). |  |
| * 1. To attend all compulsory information and training meetings and curriculum development workshops for authorised VCE SSLPs each year as requested. |  |
| * 1. To adhere strictly to the requirements of the study design. |  |
| 1. The VCAA retains the right of access to VCE documentation at all times. Curriculum documents such as curriculum and assessment plans, assessment task sheets and assessment criteria may be required for inspection at any time. |  |
| 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 SSLP. |  |
| 1. The provider must not use the VCAA’s authorisation as a VCE SSLP 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: [www.vcaa.vic.edu.au/Pages/vce/studies/sbaaudit-index.aspx](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 SSLPs.    2. make conditions for the authorisation or continued authorisation of any provider as an SSLP.    3. cancel authorisation of providers as VCE SSLPs 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 an SSLP.    4. establish, amend and add to procedures and regulations for the continued authorisation of providers as SSLPs. |  |
| 1. If the provider has not delivered an authorised VCE study in the authorisation period, the provider will be deemed inactive. |  |

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| PART F – Statutory Declaration for submitted application |

**Instructions for completing a statutory declaration**

*Please complete the following form using the notes in the left-hand margin for guidance. More guidance on making statutory declarations can be found at* [*www.justice.vic.gov.au*](http://www.justice.vic.gov.au)*.*

*When making the statutory declaration the declarant must say aloud:*

I*, [full name of person making declaration]* of *[address],* declare that the contents of this statutory declaration are true and correct.

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| *Insert the name, address and occupation (or alternatively,* unemployed *or* retired *or* child*) of person making the statutory declaration.* | I,  make the following statutory declaration under the **Oaths and Affirmations Act 2018:** | | |
| 1. | | |
| *Set out matter declared to in numbered paragraphs. Add numbers as necessary.* |
|  | **I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.** | | |
| *Signature of person making the declaration* |  | | |
| *Place (City, town or suburb)*  *Date* | **Declared at** |  | **\*in the state of Victoria** |
| on | | |
| *Signature of authorised statutory declaration witness*  *Date* | **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:**  on | | |
| *Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)* | A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration. | | |

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| *The witness must only sign this section if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.*  *This section must be signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed.*  *Date*  *Name and address of person providing assistance* | **I certify that I read this statutory declaration to** *[name of the person making the statutory declaration]* at the time the statutory declaration was made.  **Icertify that I have assisted** *[name of the declarant]* by *[insert assistance provided, for example translating the document*].  Signed:  On:  Name and address of person providing assistance: |

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| Who can witness Statutory Declarations? |

*Please visit* [*www.justice.vic.gov.au/statdecs*](http://www.justice.vic.gov.au/statdecs) *for a comprehensive list of authorised statutory declaration witnesses.*