Lynne Kosky Memorial Applied Learning Grants Endorsement of Principal/CEO

| By signing this Endorsement, I confirm that:   1. I have read and endorse my organisation’s application for a Lynne Kosky Memorial Applied Learning Grant (the Grant). 2. I understand that if my organisation’s application is successful, receipt of a Grant will be subject to terms set out in the Victorian Common Funding Agreement for the Grant. 3. I agree to the publication of my name, the name of my organisation and its application (and if successful, the Grant details) for the purpose of promoting the Lynne Kosky Memorial Applied Learning Grants in publications of the Victorian Curriculum and Assessment Authority (VCAA) and the Department of Education and Training (DET), including VCAA and DET websites. 4. For and on behalf of my organisation, I hereby grant to the VCAA a non-exclusive perpetual licence, free of charge, for the VCAA’s non-commercial use (including publication online in whole or in part) of any materials submitted as part of the application process in which my organisation owns the copyright. I also hereby warrant that I am duly authorised to grant this licence for and on behalf of my organisation. 5. I understand that I may be requested by the VCAA from time to time to consent to the disclosure of my name and office contact details, the name of my organisation and its application (and if successful, grant details) to DET, VCAL, Victorian Pathways Certificate (VPC) and VCE Vocational Major (VCE VM) providers and media outlets for the purpose of contacting me to publicise the Lynne Kosky Memorial Applied Learning Grants. I agree that I will not unreasonably withhold my consent. I understand that if I am asked to participate in this additional publicity, I am free to decline the request, if I wish. 6. I have sought and received satisfactory clarification of any queries about the Lynne Kosky Memorial Applied Learning Grants from the VCAA’s Vocational Education Unit. 7. I understand that if I wish to withdraw my consent provided in this Endorsement, it is my responsibility to inform the VCAA’s Vocational Education Unit at [vcaa.vcal@education.vic.gov.au](mailto:vcaa.vcal@education.vic.gov.au) or (03) 9059 5160. | | | |
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| Name: | | | |
| Position Title: | | | |
| Signature: |  | Date: |  |
| School/Provider Name: | | | |
| School/Provider Email: | | | |
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