

VCAL Achievement Awards

Acceptance of Nomination/Consent Form

COLLECTION NOTICE

The VCAL Achievement Awards ('VCAL Awards') are administered by the Victorian Curriculum and Assessment Authority ('VCAA'), a statutory authority continued under the *Education and Training Reform Act 2006* (Vic). The VCAA collects your personal information for the purpose of administering and promoting the VCAL Awards and VCAL generally. The VCAA collects your personal information via a contractor, Vision 6. The personal information collected on this form will be used by relevant VCAA employees and disclosed to relevant contractors, the Department of Education and Training and members of the Awards judging panel. 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 a VCAL Award.

An individual may request access to personal information the VCAA holds about them, if any, and request its correction if inaccurate. Initial enquiries regarding access to personal information held by the VCAA in relation to the Awards can be made by contacting the VCAL Unit on 9032 1725. The VCAA Privacy Policy can be found at www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx.

Vision 6 may also collect your personal information as a result of using this form. The Vision6 website uses cookies, Google Analytics and Mixpanel. The Vision6 privacy policy details the company's collection, use, disclosure and storage of information: <http://www.vision6.com.au/about-us/privacy-policy>.

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

Please print clearly and in CAPITAL LETTERS.

NOMINEE DETAILS

Surname

First name

Email

Telephone

Address

State **Postcode**

NOMINATOR DETAILS

Surname

First name

VCAL Provider/Organisation

AWARD CATEGORY

Select the application Award Category and complete the details.

Student Achievement Award Level and Award Sub-category _____
 VCAA Student Number _____

Teacher Achievement Award Award Sub-category _____
 Teacher registration type VIT Registered Meets Standards for RTOs 2015
Please circle
 VIT Registration Number _____

Partner Achievement Award Award Sub-category _____
 Partner Organisation _____

NOMINEE CONSENT

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

1. I understand I have been nominated for a VCAL Achievement Award by the above named nominator and accept the nomination.
2. I confirm that I have read and agree to the Conditions of Entry for the VCAL Achievement Awards (the Awards), and agree to participate in the Awards process.
3. I consent to the information provided about me by my nominator in support of their nomination for the above mentioned award, including my personal and contact information, being provided to the VCAA and the judging panel, which will comprise representatives of the VCAA, Department of Education and Training (DET) and educational bodies/stakeholder organisations, to facilitate the assessment of nominations for the Awards.
4. I understand that by agreeing to participate in the Awards process, I grant 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 nomination process in which I own the copyright.
5. I understand that by agreeing to participate in the Awards process, if I am a recipient of a VCAL Achievement Award, I am consenting to:
 - the publication of my name, provider/organisation name and award details for the purpose of promoting the awards in publications of the VCAA, DET, educational bodies/stakeholder organisations and Award Partners, and
 - the VCAA providing my name, provider/organisation name and award details to DET, educational bodies/stakeholder organisations and media outlets for the purpose of contacting me to publicise the Awards. I understand that if I am asked to participate in any additional publicity, I am free to decline the request.
6. I understand that if I am an individual nominee, and I do not become an Award recipient, only the name of my provider/organisation and the nominated award details will be published.
7. I understand the nature and consequences of what is being proposed in this form and have read the Collection Notice contained in this form.
8. I confirm that if there has been any uncertainty about the consequences of me accepting this nomination and/or how my personal information will be used and to whom it will be disclosed, I have sought clarification from the VCAA's VCAL Unit, who has explained any such uncertainty to my satisfaction.
9. I understand and agree that if I wish to withdraw my consent, it is my responsibility to inform the VCAA's VCAL Unit at vcaa.vcal@education.vic.gov.au or (03) 9032 1725.

Name

Signature **Date**