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Victorian Certificate of Education Application for Statement of Equivalent Qualification

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 within the meaning of the *Privacy and Data Protection Act 2014* (Vic), for the purpose of facilitating an application for statement of equivalent qualification, including processing the payment of relevant application fees. 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 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. When an individual's personal information is provided to the VCAA by a third party, the VCAA requests that the individual is made aware their personal information will be or is likely to be disclosed. If the requested personal information is not provided and to whom it will be or is likely to be disclosed. If the requested personal information is not provided, the application will not be processed. An individual may request access to personal information the VCAA should about them, if any, and request its correction if inaccurate. To do so, please contact VCAA Student Records and Results Unit on (03) 9032 1742. The VCAA Privacy Policy can be found at: www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx.

Return application by mail or lodge in person to Student Records and Results Unit, VCAA, Level 7, 2 Lonsdale Street, Melbourne, Victoria, 3000. This application and the required documentation listed in Section 4 must be submitted in hard copy only. Certified copies of original educational documents will only be accepted, do not provide original documents.

If any original educational documents are not in English, full official translations of each one, made by a recognised translation authority or agency, must be attached to this application. Contact the National Accreditation Authority for Translators and Interpreters (NAATI): www.naati.com.au. An official translating service is also available at the Australian Government Department of Home Affairs Immigration and citizenship: https://translating.homeaffairs.gov.au/en.

ONLY ONE SENIOR SECONDARY LEVEL (YEARS 10, 11 OR 12) CAN BE ASSESSED PER APPLICATION. IF MORE THAN ONE LEVEL NEEDS TO BE ASSESSED, THEN SEPARATE APPLICATIONS MUST BE SUBMITTED FOR EACH.

The VCAA does not assess tertiary qualifications or interstate/international teaching qualifications.

For assessment of tertiary qualifications, please refer to the Overseas Qualification Unit (OQU): https://liveinmelbourne.vic.gov.au/work/overseas-qualification-unit.

For assessment of international teaching qualifications, please refer to the Victorian Institute of Teaching (VIT): www.vit.vic.edu.au.

Please print clearly and in CAPITAL LETTERS.

SECTION 1: PERSONAL DETAILS

Surname																																	
First name																																	
Former or maiden n (If applicable)	ame																																
Date of birth	DD	/	/	1	Y	Y	Y	Y]	Ger	ndei	r	Μ		Mal	е		F	F	ema	ale		S	S	elf-o	lesc	ribe	d*					
(*S means 'self-described, documentation, but a chan														elf-de	escrib	ed gi	endei	r doe:	s not	nee	d to l	oe refi	lected	on y	our bi	rth ce	ertifica	te an	d othe	ər prim	nary le	egal	
Address																																	
Suburb																					Sta	te					Pos	tcod	le				
Mobile												Tel	epho	one	(hoi	ne)	()													
Telephone (work)	()																															
Email																																	
SECTION 2: SC	HOOL	EDU	ICA ⁻	τіо	N C	DET	AIL	S																									
Number of years of	primary	y or b	asic	sch	ooli	ng c	om	plet	ed					Ye	ar c	omp	olet	ed		Y	Y	Y	Y]									
Number of years of	second	ary s	choo	oling	COI	nple	eted							Ye	ar c	omp	olet	ed		Y	Y	Y	Y]									
Name of final exam (In original language and E		taker	1 or 1	title	of c	ertif	ficat	te av	ward	ded	(if a	any)	at c	om	pleti	on	of s	eco	nda	ry s	scho	ool.											

Name of country in which certificate was awarded

equal23.indo

SECTION 3: POST-SECONDARY EDUCATION DETAILS (OPTIONAL)

Institution name								
Institution address (If known)								
Degree/diploma/title award (In original language and English)	ded							
Date of award DD/	Date of award D D I M M I Y Y Y What was the normal duration of the course completed? years semesters							
SECTION 4: CHECKLI	ST AND DEC	LARATION						
Please provide sufficient doc	umentation to en	sure that the id	entity of the a	pplicant on th	ne educational doo	cuments is confirme	d.	
Indicate who completed	this application	on						
This application was co	ompleted by the p	erson named o	n the attached	d educational	documents.			
This application was co Attorney is attached.	mpleted on beha	If of the persor	named on th	e attached e	ducational docum	ents and a signed le	etter of authorisation o	or a Power of
The following document	s must be atta	ched						
Certified copy of identif	fication document	t (passport, driv	ver's licence, b	oirth certificat	e or similar).			
Certified copies of the original official educational documents.								

Certified translations of the originals (if applicable).

Indicate whether the following additional documents are attached

Evidence of change of name (if applicable). Only the following documents are accepted.

- Marriage certificate
- Deed poll

I declare to the best of my knowledge that the information I have supplied on this application is correct and complete.

Signature of applicant or person authorised to complete this form on behalf of the applicant

		Date	//
SECTION 5 : PAYM	ENT DETAILS		
Please select one serv	ice from below		
Normal processi	ng service (\$33.30) (Allow 14 – 21 working days following receipt of application and paym	ient).	
(The application v	ng service (\$62.80) – \$33.30 normal processing service fee plus \$29.50 priority processin vill be processed within 48 hours of receipt. Delivery by Australia Post will take longer than 4		
Cheque or Mone	y Order (payable to the VCAA) Mastercard Visa		
Total amount payable			
Card number	Expiry date M M /	YY	
Cardholder's name			
r			
Cardholder's signature		Date	//

This document becomes a tax invoice upon payment. Please make a copy of this form for your own taxation records as no receipt will be supplied. Fees and charges are inclusive of GST unless shown otherwise