Application for authorisation for non-school providers to deliver senior secondary courses

Who should complete this application form?

The *Education and Training Reform Act 2006* requires all education and training providers in Victoria to be registered by the Victorian Registration and Qualifications Authority (VRQA) before they can offer and deliver an accredited senior secondary course.

Senior secondary education providers must be authorised by the VCAA, the owner of the two senior secondary courses accredited by the VRQA that lead to the award of the qualifications of the Victorian Certificate of Education (VCE) and the Victorian Certificate of Applied Learning (VCAL) *(Education and Training Reform Act 2006,* s 2.5.3*)*.

Providers applying for authorisation to deliver either of these qualifications must demonstrate capacity to comply with the associated minimum standards for registration and the conditions set by the VCAA (*Education and Training Reform Regulations 2017*, Schedule 8).

Non-school providers are required to apply to the VCAA for authorisation as a VCE and/or VCAL provider and before delivering any new VCE study, VCAL level or VET program.

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)

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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 within the meaning 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.  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. 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 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](mailto: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. 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. |
| 1. **CEO (or similar)** | |
| 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 Coordinator (or similar)** | |
| 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. **VCAL Coordinator (or similar)** | |
| 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 (or similar)** | |
| 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 B – VCE Course: Application details for delivery | | |
| **Complete all fields below.** | | |
| 1. **VCE authorisation in application** | | |
| Identify which type of VCE authorisation is included in this application. | ☐ | New VCE provider (including initial studies for delivery) |
| ☐ | Additional VCE studies for provider’s registered VCE program |
| ☐ | Re-authorisation associated with VRQA re-registration |
| 1. **Intended VCE delivery** | | |
| Identify how the organisation intends to deliver the VCE. | ☐ | Delivery of the VCE qualification |
| ☐ | Delivery of the VCE units within a VCAL qualification |
| ☐ | Delivery of both categories above |
| 1. **VCE studies and VET programs available to VCE students** | | |

* All VCE studies and VET programs intended for delivery in 2022 must be included.
* Applications may be for: Units 1 and 2 **OR** Units 3 and 4 **OR** Units 1–4 in any study or program.
* List VET programs that are intended to be available to VCE students only, or leave this blank.
* If it is intended that any of the VCE units below are to be available to students enrolled in a VCAL course, indicate which units are intended to be delivered within a VCAL course.
* If required, add more rows to accommodate the number of studies or programs.

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| **VCE Studies** | **Units** |
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| **VET/FE Programs** | **Certificate levels** |
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| PART C – VCAL Course: Application details for delivery | | |
| **Complete all fields below.** | | |
| 1. **VCAL authorisation in application** | | |
| Identify which type of VCAL authorisation is included in this application. | ☐ | New VCAL provider |
| ☐ | Additional VCAL levels for provider’s registered VCAL program |
| ☐ | Re-authorisation associated with VRQA re-registration |
| 1. **Intended VCAL delivery** | | |
| Identify which levels of VCAL are intended for delivery in 2022. | ☐ | Foundation level |
| ☐ | Intermediate level |
| ☐ | Senior level |
| 1. **VET/FE programs available to VCAL students** | | |

* All VET/FE programs in the application for delivery in 2022 must be included.
* If required, add more rows to accommodate the number of programs.

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| **VET/FE Programs** | **Certificate levels** |
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| 1. Partner organisations for the VCAL program |

* List all proposed and/or existing partner organisations for the VCAL program.
* All partner organisations that are to have a role within the VCAL program for delivery in 2022 must be included.
* Identify the role or context within the VCAL program of each partner organisation.
* Identify the type of each partner organisation. For example: RTO, community organisation, LLEN, local business.
* If required, add more rows to accommodate the number of partner organisations.

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| **Partner organisation name** | **Role or context with the VCAL program** | **Type of organisation** |
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| 1. Student enrolment numbers |

* List the approximate enrolment numbers for 2022 for students in each year level for VCAL level.

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| **VCAL Level** | **Year 10** | **Year 11** | **Year 12** |
| **Foundation** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Intermediate** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Senior** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| PART D – VCE course: Application requirements checklist | | | |
| **Complete and submit the evidence required for the application’s authorisation category 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).  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. | | | |
| 1. **New VCE provider (including initial studies for delivery in 2022)** | | | |
| ☐ | VCE study curriculum and assessment plan for **each** VCE study | ☐ | Assessment task plans for **each** VCE study |
| ☐ | VET program advice for **each** VET program available to VCE students |  |  |
| ☐ | VCE administrative roles | ☐ | Attendance policy and processes |
| ☐ | Disseminating information to staff and students | ☐ | Integrity of records and results |
| ☐ | Investigation of breaches of School-based Assessment rules | ☐ | Management of authentication |
| ☐ | Management of eligibility for award of the VCE | ☐ | Satisfactory completion of units |
| ☐ | Scored achievement in School-based Assessment | ☐ | Special Provision processes |
| **OR** | | | |
| 1. **Additional VCE studies for provider’s registered VCE program** | | | |
| ☐ | VCE study curriculum and assessment plan for **each** VCE study | ☐ | Assessment task plans for **each** VCE study |
| ☐ | VET program advice for **each** VET program available to VCE students |  |  |
| ☐ | Any additional administrative evidence specifically requested by the VCAA |  |  |
| **OR** | | | |
| 1. **Re-authorisation associated with VRQA re-registration** | | | |
| ☐ | Evidence specifically requested by the VCAA |  |  |

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| PART E – VCAL course: Application requirements checklist | | | | |
| **Complete and submit the evidence required for the application’s authorisation category 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).  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. | | | | |
| 1. **New VCAL Provider** | | | | |
| ☐ | Learning program overview for **each** VCAL level | | ☐ | Sample Assessment Task Templates for **each** VCAL level |
| ☐ | VET program advice for **each** VET program |  | |  |
| ☐ | VCAL administrative roles | | ☐ | Assessment practices and quality assurance |
| ☐ | Attendance policy and processes | | ☐ | Disseminating information to staff and students |
| ☐ | Integrity of records and results | | ☐ | Management of authentication |
| ☐ | Management of eligibility for award of the VCAL | | ☐ | Satisfactory completion of units |
| **OR** | | | | |
| 1. **Additional VCAL levels for provider's registered VCAL program** | | | | |
| ☐ | Learning program overview for **each** VCAL level | | ☐ | Sample Assessment Task Templates for **each** VCAL level |
| ☐ | VET program advice for **each** VET program |  | |  |
| ☐ | Any additional administrative evidence specifically requested by the VCAA |  | |  |
| **OR** | | | | |
| 1. **Re-authorisation associated with VRQA re-registration** | | | | |
| ☐ | Any additional administrative evidence specifically requested by the VCAA |  | |  |

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| PART F – Statutory Declaration for submitted application | |
| **I solemnly and sincerely declare that the information I have provided in this application is true and correct, and 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 |  |

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