



2024 Approval to transfer the General Achievement Test (GAT) and Extended Investigation Critical Thinking Test (CTT)

If your school has made arrangements with any other school to transfer the GAT and/or CTT, you must complete this form.

If transferring to more than one school complete one form per school.

This form is in two sections: Section 1 is to be completed by the home school and Section 2 is to be completed by the host school.

The home school should return this form together with the 2024 General Achievement Test (GAT) centres form and/or 2024 Extended Investigation Critical Thinking Test (CTT) form.

Note: if returning separately, email to vcaa.exam.logistics@education.vic.gov.au (Subject: Approval GAT and/or CTT Centres 2024)

in this form, which includes per Certificate of Education (VCE) ex personal information will be or this form will be disclosed to ar be used or disclosed by the VCA that your school will not be able	sonal information as of external assessments. has been provided to ad used by relevant VC AA, except with the co to administer VCE ex	defined in section 3 of the <i>Privacy</i> a When an individual's personal infor the VCAA, the purpose for which it v CAA employees and/or contractors for onsent of the individual, or if the VCA kternal assessments. An individual m	nd Data Protection Act 2014 (Vic), for the purpose of mation is provided to the VCAA by a third party, the vill be or was provided and to whom it will be or is or and in connection with the abovementioned purp A is required or otherwise permitted by law to do s	2006 (Vic). The VCAA collects the information requested of facilitating your school's administration of Victorian a VCAA requests that the individual is made aware their likely to be disclosed. The personal information collected ose. The personal information collected will not otherwise to. If the requested information is not provided, it will mear A holds about them, and request its correction if inaccura Pages/Privacy.aspx
This approval to transfer fo		GAT or CTT (please ti	ck one)	
SECTION 1: HOM	IE SCHOOL		VCAA S	School Number
Are all students transferring to the host school? Yes No ► If NO, please complete below details of each student being transferred.				
VCAA Student Number	Si	tudent name		
Home school name				
Principal's name				
Principal's signature				Date / / 2024
SECTION 2: HOS	T SCHOOL			VCAA School Number
I have agreed to accommo	date students fron	m the above home school.		
Host school name				
Principal's name (Host school)				

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/ 2024

Date