

2022 Special Examination Arrangements Application Student Consent

COLLECTION NOTICE

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority continued under the *Education and Training Reform Act 2006 (Vic)* (the Act). The VCAA collects the information requested in this document, which includes personal information as defined in s 3 of the *Privacy and Data Protection Act 2014 (Vic)* and may also include personal and health information as defined in s 3 of the *Health Records Act 2001 (Vic)*, for the purpose of facilitating and administering an application for Special Examination Arrangements under s 2.5.11 of the Act. The personal and/or health information collected in this document will be disclosed to and used by VCAA employees and/or contractors for and in connection with the above mentioned purpose. The personal and/or health 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 and/or health information is provided to the VCAA by a third party, the VCAA requests that the individual is made aware their personal and/or health 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. If all or part of the requested information is not provided, the Special Examination Arrangements Application may not be considered. An individual may request access to personal and/or health information the VCAA holds about them, and request its correction if inaccurate. Initial enquiries regarding access to personal and/or health information held by the VCAA in relation to Special Examination Arrangements Applications can be made by contacting the Project Manager, Special Provision at vcaa.special.provision@education.vic.gov.au. The VCAA Privacy Policy can be found at www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx.

This statement is to be completed by the student or parent or guardian, if the student is a minor.

STUDENT DETAILS

Surname

First name

School name

Student number **Date of birth** / /

STUDENT STATEMENT

In signing this form:

- I give my permission for a medical practitioner, other independent professional appointed by the VCAA or staff of the VCAA to:
 - obtain further details that are relevant to the assessment of this application, and any future applications, from any person who has provided evidence for this application
 - consider any other evidence relevant to the assessment of this application, and any future applications, that is in the possession of the VCAA.
- I declare that I have not completed or altered any information submitted in, or with, this application, and will not do so with any future applications.

Signature

(or parent/guardian if student is a minor)

Date