



MULTICULTURAL
NSW

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Nomination for CLAS examination

[FORM CLAS 001]

Part 1 CANDIDATE FOR THE CLAS EXAMINATION (Please print clearly)

Title: _____ **Last name:** _____
(eg. Mr, Mrs, Ms, Dr)

Given names: _____

Position: _____

Language to be tested: _____

Mobile phone number: _____ **E-mail address:** _____

Declaration of candidate:

I understand that the examination is for the purpose of the Community Language Allowance Scheme (CLAS) and I consent to be examined. For the purposes of s.9 of the *Privacy and Personal Information Protection Act 1998*, I authorise my personal information to be collected by Multicultural New South Wales from my agency's CLAS Contact Officer whose name appears below. I also consent to Multicultural New South Wales not complying with s.18 and, to the extent necessary, s.19 of the *Privacy and Personal Information Protection Act 1998*, in:

- (i) disclosing my personal information to the CLAS examiners for the purposes of conducting the examination; and
- (ii) disclosing my CLAS examination result and information on my CLAS examination result to my nominating agency's CLAS Contact Officer specified below.

Candidate's signature: _____ Date: _____

Part 2 AGENCY'S CLAS CONTACT OFFICER

Agency: _____

Name: _____

Position: _____

Telephone: _____

E-mail: _____

Address: _____

Agency CLAS Contact Officer's signature: _____ Date: _____

Privacy notice: The personal information you have provided on this form is collected by Multicultural NSW for the purpose of the Community Language Allowance Scheme (CLAS). The supply of personal information is voluntary, but without it, Multicultural NSW may not be able to process this nomination for CLAS. You have the right to access and correct your personal information in accordance with the Privacy and Personal Information Protection Act 1998. Multicultural NSW's contact details are set out above.