

# Replacement Certificate Request Form

Certification Documentation to be issued within 30 days

## Section 1 – Student Details

|                 |  |              |   |   |
|-----------------|--|--------------|---|---|
| <b>Name:</b>    |  | <b>Date:</b> | / | / |
| <b>Address:</b> |  |              |   |   |

## Section 2 – Certification Details

I wish to apply for a re-print Certificate to be Issued:

|   |  |
|---|--|
| <b>Qualification Code &amp; Title/ Course Name:</b> |  |
| <b>Date of Course:</b>                              |  |
| <b>Reason for Re-print:</b>                         |  |

Nationally Recognised Training:

- Qualification  
 Transcript of Results (Units)  
 Statement of Attainment

NON-Nationally Recognised Training:

- Certificate of Completion  
 Certificate of Attendance

|                   |  |              |                          |   |   |
|-------------------|--|--------------|--------------------------|---|---|
| <b>Signature:</b> |  | <b>Date:</b> | <input type="checkbox"/> | / | / |
|-------------------|--|--------------|--------------------------|---|---|

## Section 3 – Payment Details (Certificates will only be issued if payment is attached/confirmed)

|   |                               |                                     |
|---|-------------------------------|-------------------------------------|
| Attach Bank Transfer Receipt, Payment to BSB:         | Account Number:               | Swift Code:                         |
| <input type="checkbox"/> Please charge my Credit Card | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> AMEX                         | Card Number:                  | Expiry Date: / /                    |
|   |                               | CVV:                                |
| <b>Card Holder Name:</b>                              |                               | <b>Signature:</b>                   |

*\* Surcharge of 3% applies on all Credit Cards*

## Section 4 – Authorisation

I endorse accuracy of re-print certification:

|                   |  |                  |     |
|-------------------|--|------------------|-----|
| <b>Name:</b>      |  | <b>Position:</b> |     |
| <b>Signature:</b> |  | <b>Date:</b>     | / / |

## Admin Use Only

|                                |  |                   |  |              |     |
|--------------------------------|--|-------------------|--|--------------|-----|
| <b>All Fees Paid:</b>          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Signature:</b> |  | <b>Date:</b> | / / |
| <b>Certificate Sent:</b>       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Signature:</b> |  | <b>Date:</b> | / / |
| <b>Certificate Copy Filed:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Signature:</b> |  | <b>Date:</b> | / / |