Application Form: Request for Qualification Reprint

This form can be used to request a reprint for a qualification, statement of attainment, transcript of results and/or to amend details shown on the qualification, statement of attainment or transcript of results. The cost for a reprint of these documents is $40.00 *(when requested 21 days or more after the original was issued).*

IDENTIFICATION

You **must provide** Adept Training with **proof of identity (POI)** to verify your legal name as noted on either: your birth certificate, driver's licence or passport. This is a contractual requirement by our auditing bodies for the issuing or **re-issuing** of AQF certification. Additionally, if you have legally changed your name, you must provide relevant evidence. All photocopies of POI must be certified *(signed by a Justice of Peace [JP] or Commissioner for Declarations)* or the original/s must be shown to Adept RTO administration.

INSTRUCTIONS

1. Complete this application and forward with certified copies of proof of identify, (and *if applicable* evidence of name change) by mail, fax or email to:

Adept Training,
PO Box 580
Westmead NSW 2145

Fax: 1300 366 045

Email: info@adepttraining.com.au

Please be neat as failure to read your writing will result in delays in issuing your qualification

Surname					
First Name/s				**Date of Birth**	
Address					
	Suburb		**State**	**Postcode**	
Mobile No.			**Home/Work phone No.**		
Email					
Course Name				**Course Code**	
Location Course delivered			**Instructors Name**		
Course Commencement Date	**Day**		**Month**	**Year**	
Student to sign here ➔	…….				

PAYMENT DETAILS

Qualification Reprint $40 including GST

Payment method: Personal Cheque ☐ Money order ☐ Cash & EFTPOS (at office only) ☐
Direct Deposit ☐ (please bring exact amount)

St George Bank (ADEPT TRAINING)
BSB: 112 879 Account No: 0566 20719 (please include name or phone no. on transaction)

Payment Amount $ _____

Please debit my Credit Card Visa ☐ MasterCard ☐ Payment Amount $ _____

Cardholder Name: _____

Credit Card No. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry date __ __ / __ __

Cardholder Signature: _____ Date: _____

Adept Office Use Only:

Received _____ VETtraK No._____

Reprint Approved: Yes ☐ No ☐ Participant informed of outcome Yes ☐ No ☐

Date issued/posted: _____/_____/_____ Filed: ☐