



Replacement Certificate Request Form

Certification Documentation to be issued within 30 days

Section 1 – Student Details

| | | | |
|-----------------|--|--------------|-----|
| Name: | | Date: | / / |
| Address: | | | |

Section 2 – Certification Details

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

| | | | |
|---|--|---|--|
| Qualification Code & Title/ Course Name: | | | |
| Date of Course: | | | |
| Reason for Re-print: | | | |
| Nationally Recognised Training: <input type="checkbox"/> Qualification <input type="checkbox"/> Transcript of Results (Units) <input type="checkbox"/> Statement of Attainment | | NON-Nationally Recognised Training: <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> Certificate of Attendance | |

Units/ Modules included (if known):

| Unit/Module Code | Unit/Module Code | Unit/Module Code |
|------------------|------------------|------------------|
| | | |
| | | |
| | | |

| | | | |
|-------------------|--|--------------|-----|
| Signature: | | Date: | / / |
|-------------------|--|--------------|-----|

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

Attach Bank Transfer Receipt, Payment to
 Account Name: Gold Coast International BSB: 013664 Account Number: 308599646

Please charge my Credit Card
 Visa
 MasterCard
 AMEX

Card Number: _____ Expiry Date: / / CCV: _____

| | | | |
|--------------------------|--|-------------------|--|
| Card Holder Name: | | Signature: | |
|--------------------------|--|-------------------|--|

Section 4 – Authorisation

I Endorse accuracy of re-print certification:

| | | | |
|-------------------|--|------------------|--------------------|
| Name: | | Position: | Compliance Manager |
| Signature: | | Date: | / / |

Admin Use Only

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