

Replacement Certificate / Statement/Licensing Card Application Form



This form is used to apply for a replacement certificate/statement/licensing card when the original has been lost or destroyed.

1. Complete this application and sign and date this form.
2. Lodge this application at Reception, accompanied by the prescribed fee or email:
SA: training@madec.edu.au **VIC/NSW:** collegeadmin@madec.edu.au
3. The applicant must provide written Authorisation for certificates to be collected by a third party.
4. Applicants and third parties must provide photographic identification at the time of collection.
5. Please allow 5 working days for processing. Statement of Attainment

Please complete sections A - E

A. Personal Details	
Title: <input type="checkbox"/> DR <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Date of birth: <input style="width: 100px;" type="text"/>
Surname: <input style="width: 300px;" type="text"/>	First Name: <input style="width: 150px;" type="text"/>
Residential Address: <input style="width: 95%; height: 20px;" type="text"/>	
Town/Suburb: <input style="width: 300px;" type="text"/>	State: <input style="width: 60px;" type="text"/> Postcode: <input style="width: 80px;" type="text"/>
Postal Address if different to above: <input style="width: 95%; height: 20px;" type="text"/>	
Contact Phone No: <input style="width: 200px;" type="text"/>	Signature: Date: / /
B. Certificate Details	
Name of Qualification: <input style="width: 400px;" type="text"/>	Year Certificate Attained: <input style="width: 60px;" type="text"/>
<input type="checkbox"/> Certificate Incl. Statement of Results - \$30.00	<input type="checkbox"/> Statement of Attainment - \$15.00
<input type="checkbox"/> Construction Induction Card (SA Only) - \$25.00	<input type="checkbox"/> Participation Certificate - \$15.00
C. Delivery/Collection Details:	
<input type="checkbox"/> Mail	<input type="checkbox"/> Pick up from College or Christies Beach Training Admin
<input type="checkbox"/> Express Post - \$ 10.00 extra	<input type="checkbox"/> Pick up by Third party - Name: _____
D. Payment Details	
Total Cost: \$ <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card
Credit Card Details:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number: <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/> <input style="width: 60px;" type="text"/>	CVV: <input style="width: 60px;" type="text"/>
Card Expiry Date: <input style="width: 120px;" type="text"/>	Card Holder Name: <input style="width: 300px;" type="text"/>
E. Declaration	
I declare the Certificate/Statement/Licensing Card for the above qualification has been:	
<input type="checkbox"/> Lost/Misplaced <input type="checkbox"/> Accidentally Destroyed and I would like to request a replacement.	
Signature:..... Date: / /	
F. Office Use Only	
Previous Number:	New Number:
Replacement Certificate Printed and Issued	Receipt Number: _____
Student Records Officer:..... Signature: Date: / /	