RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail info@RhodesCollege.vic.edu.au

Request for Reissuing Qualifications Form

Note to applicants: It is advised to read the "Issuing Qualifications and Statements of Attainment Policy" available in the Student Handbook on the College web site, before filling this form. All fields must be filled using CAPITAL LETTERS.

If the applicant did not receive the Original Certificates for the first time, please fill the "Request for Course Completion Certificate Form".

Alternatively contact the College administration by email info@rhodescollege.vic.edu.au for any further details.

| Reason for Request | | | | | | | |
|--|------------------|-----------------|----------------------|---------------|------------------------|------------------|---|
| | ost | Stolen | Spoiled | Other, please | e specify: _ | | |
| Personal Details | | | | | | | |
| Stude | ent ID: | | Given Name: | | | | _ |
| Family Name:Date of Birth: | | | | | | te of Birth: | |
| | ent Addre | | | | | | |
| Addre | ess: | | | | | | |
| | | | | | | Postcode: | |
| Conta | act Detai | ls | | | | | |
| Home | Home Ph: Mobile: | | | | | | |
| Email | l: | | | | | | |
| Cour | se Detail | s | | | | | |
| Cours | se Enrolle | ed: | | | C | Course End Date: | |
| Course Enrolled:Course End Date: Origin of Request (Tick one option only) | | | | | | | |
| From Australia (go to SECTION A) From Overseas (go to SECTION B) | | | | | | | |
| SECTION A - Proof of Identity Documentation (from Australia) | | | | | | | |
| If the student resides in Australia, then they must produce evidence equivalent to the "100 point check" to substantiate their identity. At least one type of photo identification must be presented. If the evidence is sent as copies, then they must be certified as originals as for a Statutory Declaration. Please complete the below table. | | | | | | | |
| Category A - You must have at least ONE Category A document | | | | | | | |
| | Document Type | | | Points | Tick the Document Type | | |
| | 1. Curre | nt passport (A | ustralian/Foreign) | | 70 | | |
| | 2. Driver | r licence/Learn | er's permit/Boat lic | cence | 40 | | |

| Request for Reissuing Qualifications Form | Version: 15.0 | Issue Date: 06 July 2023 | Review Date: 01 July 2024 |
|---|---------------|--------------------------|---------------------------|
| Managed By: VET Coordinator | | Authorized By: CEO | Page 1 of 3 |

40

40

3. Firearms/Private security licence

4. Current tertiary student identification card (with photo)



RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail <u>info@RhodesCollege.vic.edu.au</u>

| 5. WWC Check card/Key pass/Proof of age card | 40 | | | | | |
|--|------------|------------------------------------|--|--|--|--|
| Category B | | | | | | |
| Document Type | Points | Tick the Document Type | | | | |
| 1. Australian citizenship certificate | 70 | | | | | |
| 2. Birth certificate (not extract)] | 70 | | | | | |
| 3. Australian travel documents or current Australian Visa | 70 | | | | | |
| 4. Centrelink card (with reference number) | 40 | | | | | |
| Category C | • | | | | | |
| Document Type | Points | Tick the Document Type | | | | |
| 1. Medicare card | 25 | | | | | |
| 2. Credit card or account card | 25 | | | | | |
| 3. Bank statement (with residential address) | 25 | | | | | |
| 4. Property rates notice/utilities notice | 25 | | | | | |
| 5. Property lease agreement | 25 | | | | | |
| 6. Taxation assessment notice | 25 | | | | | |
| Total Points (Category A + Category B + Category C) (must be 100 or more) | | | | | | |
| | | | | | | |
| If the student is non-resident in Australia, then they must provas prescribed in their local legal environment) and must include photograph) for verification purposes. | | | | | | |
| Documents to be posted (Tick one option only) | | | | | | |
| Self (to the Current Address) Send to an Alternative Address: | ve Address | * Issue to a 3 rd party | | | | |
| Postcode: | | | | | | |
| * If the request is via a 3 rd party then the request must be supported by Statutory Declaration made by the student as to why the 3 rd party is to receive the copy testamur. The Statutory Declaration should include certified copies of the 100 point check information. | | | | | | |
| Payment Details | | | | | | |
| AU \$150.00 | | | | | | |
| Prepayment is required. The following payment options are | availahle: | | | | | |
| ☐ Cash ☐ EFTPOS ☐ Cheque * | | Money Order * EFT ** | | | | |
| | | | | | | |
| | o ANZ Bank | | | | | |
| | | eneral Account'; ANZ Bank. | | | | |
| ** Deposit into BSB: 013 326; Account No: 4922 11057; Account Name: 'Rhode Request for Reissuing Qualifications Form Version: 15.0 Issue Deposit into | | | | | | |



RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail <u>info@RhodesCollege.vic.edu.au</u>

| A surcharge of 1.5% for Visa and Master Card credit card | s; and 2.5% for American Express credit card will | | | | | | |
|--|--|--|--|--|--|--|--|
| apply. Credit Card: Credit Card Type: Visa | ☐ MasterCard | | | | | | |
| Card Number: | | | | | | | |
| | | | | | | | |
| Expiry Date: LLL Amount: AU \$ | | | | | | | |
| Cardholder's Name:C | ardholder's Signature: | | | | | | |
| Student Signature: | Date: | | | | | | |
| Office use only | | | | | | | |
| Student Administration: | | | | | | | |
| Date Received: | Received By: | | | | | | |
| Request Approved: Yes No (if No, reasons for not approving the request. Send the correspondence to the applicant). | | | | | | | |
| Payment Processed: Yes No Amount: AU \$ Attach the Receipt of Payment to this Request form and p processing. | ass on to the Director of Studies for further | | | | | | |
| Director of Studies: | | | | | | | |
| Date Received: | Received By: | | | | | | |
| Student details and course details are correct: | ☐ Yes ☐ No | | | | | | |
| Is the certificate register checked for previous issue detail | s? Yes No | | | | | | |
| If Yes, reissue the testamur as per the request | ☐ Yes ☐ No | | | | | | |
| Update the student management system with the reissuar | nce details: Yes No | | | | | | |
| Pass on the reissued testamur and this request form to the | | | | | | | |
| Signature: | | | | | | | |
| Student Administration: | | | | | | | |
| Correspondence sent to Student: | Date sent: | | | | | | |
| Student interview history in the Student management syst | em is updated: Yes No | | | | | | |
| Request form is filed: | | | | | | | |
| Signature: | Date: | | | | | | |
| Request for Reissuing Qualifications Form Version: 15.0 | Issue Date: 06 July 2023 Review Date: 01 July 2024 | | | | | | |
| Managed By: VET Coordinator | Authorized By: CEO Page 3 of 3 | | | | | | |