

## CERTIFICATE REQUEST FORM

### STUDENT DETAILS

STUDENT ID:		DATE OF BIRTH:	
FIRST NAME:		LAST NAME:	
PHONE NO:		MOBILE NO:	
EMAIL:			
COURSE CODE:		COURSE NAME:	
TRAINER'S NAME:			

### REQUEST DETAILS

<input type="checkbox"/> CERTIFICATE OF COMPLETION	<input type="checkbox"/> STATEMENT OF ATTAINMENT	
Trainer's Signature:	Student's Signature:	Date:

### IMPORTANT NOTICE

- This form **MUST** be submitted to the Reception in order to avoid loss or delay in processing of this Application.
- You must obtain your trainer's signature before submitting this form to the Reception. Failure to do so may result in delay.

### OFFICE USE ONLY

#### ACADEMICS DEPARTMENT

<input type="checkbox"/> Academic file checked	<input type="checkbox"/> Course Completed	<input type="checkbox"/> Course not Completed
Name:	Signature:	Date:

#### ACCOUNTS DEPARTMENT

<input type="checkbox"/> Fee Paid	<input type="checkbox"/> Fee unpaid (outstanding if unpaid):	<input type="checkbox"/> Not applicable (for funding or sponsored students)
Name:	Signature:	Date:

#### COMPLIANCE DEPARTMENT

<input type="checkbox"/> Document Checked	<input type="checkbox"/> Compliant	<input type="checkbox"/> Not compliant
Name:	Signature:	Date:

#### ADMIN DEPARTMENT

<input type="checkbox"/> Certificate Checklist completed	<input type="checkbox"/> Certificate/SOA printed	<input type="checkbox"/> Name entered in AHPRA approved graduate list (for Diploma of Nursing students only)
<input type="checkbox"/> Document signed by Training Coordinator	<input type="checkbox"/> Document Signed by CEO	Certificate No: SCEI00
Name:	Signature:	Date:

#### STUDENT'S RECEIVING

Certificate Received:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Name:	Signature:		