

Request for Reprint of an Award



- A statutory declaration, signed by a Justice of the Peace, is required for replacement awards.
- Replacement awards may incur a **fee** subject to the *Training and Employment Regulation 2002*.
- Please refer to your institute awards officer regarding fee information and statutory declaration requirements.

Please use **BLOCK** letters and print your name in full

Student number: **Date of birth:**
(If known) *Note: Date of birth is for identification only*

Name:

Address:
(Postal)

Post code:

Telephone number*:

**Please inform us of your telephone number should you need to be contacted when your award has been issued*

Reason for reprint:

| | | |
|---|--|---|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Damaged | <input type="checkbox"/> Change of name |
| <input type="checkbox"/> Outstanding debt paid | <input type="checkbox"/> Incorrect information | <input type="checkbox"/> Award lost in post |
| <input type="checkbox"/> Other <i>(please specify):</i> | <input type="text"/> | |

Location: Bundaberg Gympie Hervey Bay Maryborough

Program code:

Program name:

Year issued:

Method of issue: By post Collect *

The Department of Education, Training and the Arts is collecting this enrolment information for general student administration as well as for planning, communication, research, evaluation and marketing activities undertaken by the department. Only authorised departmental officers have access to this information. Your personal information may be disclosed to Commonwealth and state government agencies. If you are an apprentice/trainee, your personal information, attendance details, progress and results will be disclosed to your employer. If you are under 18 years your personal information, attendance details, progress and results may be disclosed to your parent/guardian. No further access to your enrolment information will be provided to any other organisation or persons without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.

Signed: **Date:**
(Applicant)

Office use only

Director approval: **Date:**

Receipt no: **Date:**

Processed by: **Date:**

Payment details – NOTE: Credit card details section must be DESTROYED once payment is finalised on ISAS

Type of card: Bankcard Mastercard Visa **Authorised amount:**

Name on card:

Card number: **Expiry date:**