

CERTIFICATE AND DOCUMENT REQUEST FORM



OCEANIA POLYTECHNIC
INSTITUTE OF EDUCATION

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

1. STUDENT DETAILS

Full Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Mobile No.	<input type="text"/>
Student No.	<input type="text"/>		
Course Name	<input type="text"/>	Email	<input type="text"/>
	<input type="text"/>	USI	<input type="text"/>

2. DOCUMENT REQUEST DETAIL

Please tick the type of document you are requesting

- Qualification with Transcript
- Statement of Attainment
- Letter of completion

Please indicate which one of the following you prefer:

- Self Pickup
- By Post (Fee: \$15 local, \$30 international)
- Nominating a different person to collect on my behalf

If by Self Pickup

Please collect the requested document at **67 Jeffcott Street, West Melbourne 3003**. OPIE will notify you once your requested document is ready for collection.

If by Post

Please provide your postal address below. Please note that OPIE will not be responsible for the document once dispatched, including any delays in delivery or failure to arrive.

House No.	<input type="text"/>		
Street Address	<input type="text"/>		
Suburb/Town	<input type="text"/>	State/Province	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>

If Nominating a Different Person

Please provide the details of your nominee below.

Nominee Name	<input type="text"/>		
Email	<input type="text"/>	Mobile No.	<input type="text"/>

3. STUDENT DECLARATION

I acknowledge and understand that AQF certification documentation will be issued to me within thirty (30) calendar days of the successful completion of my course, provided that:

- I have completed the AQF qualification or one or more units of the qualification; and
- I have paid all agreed fees in full.

Student Signature	<input type="text"/>	Date	<input type="text"/>
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IF APPLICANT IS UNDER 18 YEARS OF AGE

Parent/Guardian Full Name	<input type="text"/>	Signature	<input type="text"/>
Relationship to the Applicant	<input type="text"/>	Date	<input type="text"/>

OFFICE USE ONLY

CHECKLIST BEFORE ISSUING QUALIFICATION		Office Staff Initial
<input type="checkbox"/>	Certificate & Document Request form signed by the student	
<input type="checkbox"/>	Student name spelling checked	
<input type="checkbox"/>	USI verified	
<input type="checkbox"/>	Course start date and finish date checked	
<input type="checkbox"/>	Qualification name checked	
<input type="checkbox"/>	Course code and CRICOS checked	
<input type="checkbox"/>	Name and number of units checked	
<input type="checkbox"/>	Student assessment folder checked	
<input type="checkbox"/>	Number of credit transfers checked	
<input type="checkbox"/>	Compile results, credit transfer application and qualifications	
<input type="checkbox"/>	Authorised signature checked	
<input type="checkbox"/>	Accounts clearance checked	
<input type="checkbox"/>	Signed qualification log-book and register	

STAFF SIGNATURE		Qualification issue date	
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RELEASE DETAILS

Student/Nominee Signature		Date Qualification Received	
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POSTAGE DETAILS

Courier Name	
Tracking No.	
Date Qualification Posted	



Oceania Polytechnic Institute of Education Pty Ltd

RTO No. 6324 | CRICOS No. 01905F | ABN: 81 075 892 723 | ACN: 075 892 723

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