



APPLICATION FOR REPLACEMENT AWARD/CERTIFICATE TYPE 51 AND 55

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

1. Officially complete this application by signing and dating the back of this form.
2. Attach any documentation that supports your application. Examples may be a Police Report, an Insurance Claim, notarized Statutory Declaration clearly describing the circumstances of the loss/destruction or the damaged original award/certificate.
3. Lodge this application with the Registrar, Box Hill Institute, Private Bag 2014, Box Hill 3128 accompanied by the prescribed fee (\$80.00). Your replacement Award/Certificate will be mailed directly to the address shown on this form. Your replacement Certificate will contain the words: "This Certificate is issued at the request of the recipient of the award who has declared the original to be lost or destroyed."
4. Please allow 10 working days for processing.

Please complete sections A – E

A. STUDENT DETAILS:

STUDENT ID:

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STUDENT NAME:

DATE OF BIRTH:

DAY		MONTH		YEAR	

ADDRESS AT TIME OF STUDY:

SUBURB:

POSTCODE:

CURRENT ADDRESS:

SUBURB:

POSTCODE:

CURRENT PHONE:

(HM)

(WK)

B. COURSE DETAILS:

COURSE NAME:

COURSE ID:

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List the years during which you studied this course:

Did you study any of this course as an Off-Campus student?

YES

NO

If YES, which years:

C. REASON FOR REQUEST:

i. Please detail circumstance of the loss/destruction of your certificate:

ii. Supporting Documentation Attached: Please tick

- Police Report (Certified copy – see information on rear of this form)
- Insurance Claim (Certified copy – see information on rear of this form)
- Statutory Declaration
- Other – Please State: _____

CASH REGISTER IMPRINT

D. PAYMENT DETAILS:

TOTAL COST:

I have attached a cheque/money order for the above amount, or please charge my credit card as listed below: (Cheque/Money Order to be made payable to Box Hill Institute.)

Card Number:

Expiry Date: Card Type: Visa / MasterCard (please circle) ccv

Card Holder: Signature: Date:

E. CONSENT:

I have read and understood the Privacy Policy below.
I hereby consent to Box Hill Institute releasing my Award/Certificate to my current address.

SIGNATURE: DATE:

YOUR PRIVACY

Your personal information will be collected and used for the purposes set out in Box Hill Institute's Information Privacy Collection Notice – available to be viewed on the Institute's web site at www.boxhill.edu.au

F. OFFICE USE ONLY:

Registrar's Review: Sign: Date:

G. AWARDS OFFICER:

Replacement Certificate Printed and Issued Signature: Date:

CERTIFIED COPIES

Where students are required to supply evidence and the original documentation cannot be supplied, a certified photocopy of the original documentation is sufficient.

Certification

The person certifying the photocopy must see the original document, so they are able to sign the photocopy and write/stamp "This is a true copy of the document sighted by me" on each page. They should also print/stamp the date as well as their name, address, contact telephone number, and their profession, occupation or organization. They should use the official stamp or seal of their organization on each copy. They should also be able to be contacted by telephone during normal hours.

Who can certify documents?

Anyone who is currently employed as:

- An accountant (they must be a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, or the National Institute of Accountants, or the Association of Taxation and Management Accountants or Registered Tax Agents)
- A bank manager, but not a manager of a bank travel center, a Justice of the Peace
- A credit union branch manager, a commissioner for declarations, a barrister, solicitor or patent attorney
- A police officer in charge of a police station, or of the rank of sergeant and above
- A postal manager, a pharmacist, a principal of an Australian Secondary college, high school or primary school