REGISTRAR'S CENTRE - BOX HILL INSTITUTE

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 | s A – E | | | | | | | |
|--|---|---------------|----------------|------|------------|---------------------|----|---|
| A. STUDENT DETAILS: | | | | | | | | |
| STUDENT ID: | | | | | | | | |
| STUDENT NAME: | | | | | | | | |
| DATE OF BIRTH: | DAY N | MONTH | YEAR | | | | | |
| ADDRESS AT TIM | E OF STUDY: | | | | | | | |
| | SUBURB: | | | | | POSTCODE: | | |
| CURREN | IT ADDRESS: | | | | | | | |
| | SUBURB: | | | _ | | POSTCODE: | | |
| CURRENT PHONE: | (HM) | | | | (WK) | | | |
| B. COURSE DETAILS: | | | | | | | | |
| COURSE NAME: | | | | | | | | |
| COURSE ID: | | | | | _ | | | _ |
| List the years during which you studied this course: | | | | | | | _ | |
| Did you study any o | Did you study any of this course as an Off-Campus student? YES NO | | | | | | | |
| If YES, which years: | | | | | | | | |
| C. REASON FOR REQU | JEST: | | | | | | | |
| i. Please detail circu | mstance of the | e loss/destru | ction of your | cert | tificate: | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ii. Supporting Docur | | | | _ | | | | |
| | | • ` | | | | rear of this form) | | |
| | | ` | ied copy – see | into | ormation c | on rear of this for | m) | |
| | | Declaration | | | | | | |
| | Uther – P | lease State: | | | | | | |



CASH REGISTER IMPRINT

| D. PAYMENT DE | TAILS: |
|---|--|
| TOTAL COST: | \$ 80.00 |
| | d a cheque/money order for the above amount, or please charge my credit card as listed ue/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: |
| | understood the Privacy Policy below. to Box Hill Institute releasing my Award/Certificate to my current address. |
| SIGNATURE: | 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 |
| SIGNATURE: | 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 |
| SIGNATURE: OUR PRIVACY our 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 u |
| SIGNATURE: OUR PRIVACY our personal information will reb site at www.boxhill.edu.a | DATE: 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 u |
| SIGNATURE: OUR PRIVACY our personal information will eb site at www.boxhill.edu.a F. OFFICE USE C | 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 UNLY: view: Sign: 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