



Reprint or Amendment Request

Qualification or Statement of Attainment

Please note it is a contractual requirement of our auditing bodies that proof of identity be provided before Australian Qualification Framework certification can be issued or re-issued. With this form you must provide a copy of one of the following, your birth certificate, passport or drivers licence (as well as documents to verify any change of name) which has been certified by a Justice of the Peace or a Commissioner for Declarations. If applying in person you can bring the original documents. A reprint or amendment cannot be issued without proof of identity.

FMEDGE will issue certificates within 14 days of receiving this form and payment

FIRST NAME:
LAST NAME:
DATE OF BIRTH:
ADDRESS (including state and postcode)
PHONE NUMBERS:
EMAIL:

COURSE NAME:
COURSE CODE:
COURSE LOCATION AND START DATE:
TRAINER:

Reprint or amendment of qualification, statement of attainment or transcript of results LESS THAN 21 days after original was issued.	NO CHARGE <input type="checkbox"/>
Reprint or amendment of certificate of qualification and statement of attainment MORE THAN 21 days after original was issued	\$50 (including GST) <input type="checkbox"/>
Reprint or amendment of certificate of qualification or statement of attainment MORE THAN 21 days after original was issued	\$25 (including GST) <input type="checkbox"/>

<input type="checkbox"/> DIRECT DEPOSIT Westpac BSB 033 009 Account No 238 710 (please include name and phone number as reference)
<input type="checkbox"/> CHEQUE OR MONEY ORDER (made out to FMEDGE)

Complete this form, attach certified proof of identity and mail to;

FMEDGE

PO Box 128

Portarlington Victoria 3223

or email to enrolment@fmedge.com.au

OFFICE USE ONLY	
PARTICIPANT SMS ID:	APPROVED FOR REPRINT: <input type="checkbox"/> YES <input type="checkbox"/> NO
PARTICIPANT ADVISED OF OUTCOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ADVISED:
DATE REPRINT ISSUED/ POSTED:	COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO
PAID:	DATE:
AUTHORISED SIGNATURE:	DATE:
ATTACH COPY OF QUALIFICATION OR STATEMENT OF ATTAINMENT TO THIS FORM	