

Beaudesert State High School

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AQF Certification & Issuance Replacement

Section 1: Your Details		
Date:		
Your Name:		
Contact Details:	Phone: Address: Email Address:	
Student USI Number:	Current Student	Post-School Student
Section 2: Third Party Details & Consent Confirmation		
Are you lodging this request on behalf of another person? <i>If you answer no, please move to section three.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of affected individual:		
What is their relationship to you?		
Has the individual consented to you lodging this complaint or appeal on their behalf?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 3: Training Details		
Name of Qualification Requesting:		
What year did you complete this qualification?		
Section 4: Acknowledgement and Declaration		
I declare that the information I have provided is true and correct to the best of my knowledge. I understand that this request for a copy of Certificate or Statement of Attainment will be managed in accordance with Beaudesert State High School's AQF Certification & Issuance Policy.		
Name in full:		
Signature:		
Date:		