



# Application to Re-issue VET Certificate or Statement of Attainment

RTO ID: 30391

**Instructions:** Complete this form, attach certified Proof of Identity and post/email or hand it in to Longreach State High School (details below). Documents will be re-issued within 30 days of receipt of the fully completed form.

Personal Details			
Title	First Name	Family Name	Date of Birth
Mr Mrs Ms			/ /
Unique Student Identifier (if known)		Email	Contact Phone number:
Email address (where you want your certificate sent):			

Reason for Request			
Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>	Damaged <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:

**Please provide as much information as possible in the following section**

<b>Course Details</b> (Qualification name if known)	1.
	2.
	3.
<b>When did you complete your study at LSHS?</b> (year or estimated year)	
<b>When was your certificate issued to you?</b> (date or month/year)	
<b>What name appeared on your certificate?</b>	
<b>Has your name changed since the certificate was issued?</b> (provide details)	

## Proof of Identity

If delivering this application in person, a Longreach State High School employee can sight your ID and sign the declaration on the 2<sup>nd</sup> page.

If *emailing* or *mailing* this application, please include a certified copy of **one** of the following documents with your application:

A **certified** copy of one of the following is acceptable:

- Valid passport
- Driver licence
- Birth certificate or extract of a birth certificate

If your family name has changed since your certificate was issued, you will need to supply additional information as proof of your identity, e.g. a marriage certificate or name change certificate.

### **Copies being posted or emailed must be certified by a Justice of the Peace or a Commissioner for Declarations**

I, \_\_\_\_\_ (print name) confirm that the information contained in this application is accurate to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Where to send your application

**By email to:**  
Attention of VET Co-ordinator

#### Longreach State High School

PO Box 104

Longreach Qld 4730

Telephone: (07) 4652 8333 Facsimile: (07) 4652 8300

Email: principal@longreachshs.eq.edu.au

### To be completed by Longreach State High School employee ONLY:

*I declare that I have checked the details provided in this form and confirmed they match those on the identification documents sighted. I have attached a photocopy of the original identification documents sighted.*

\_\_\_\_\_  
Signature of LSHS representative

\_\_\_\_\_  
Name of LSHS representative

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Position of representative

#### LSHS Office Use:

Date rec'd:		Notify applicant if not complete	
Date re-issued:		Notify applicant if there are no documents to be produced	
File completed:			

Request for Reissuing Qualifications Form	Version 1.0	Version Date: 31 <sup>st</sup> July 2020	Review Date: July 2021
Developed By: HOD VET	RTO ID: 30391	Longreach State High School	Page 1 of 2