



# REQUEST FOR RE-ISSUANCE OF DOCUMENTATION

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## Instructions:

This form is to be used by current and past learner to request the re-issuance of a Qualification, Statement of Attainment or Record of Results they have been issued in the past by The Postgraduate School of Dentistry.

### Privacy

The Postgraduate School of Dentistry is committed to protecting and securing information collected through this application process. All handling of data will occur in accordance with privacy legislation. Therefore, all requests for student records must be signed by the student and we require a copy of one of the following identification documents:

Driver's licence; or  Passport; or  Australian Birth Certificate;

or If you don't have any of the above, we will accept the following:

Naturalisation Certificate (Australian Citizenship); and a  Current Green Medicare Card

### Re-issuance fee

A fee applies for the re-issuance of documentation. Please refer to the information about requesting the re-issuance of documentation at [www.pgdentalschool.edu.au](http://www.pgdentalschool.edu.au) for the applicable fees.

### Completion, payment & lodgement

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is necessary to verify your identify and your entitlement to be re-issued the requested documentation.

### **When complete, print this form and submit it:**

By email to: [admin@pgdentalschool.edu.au](mailto:admin@pgdentalschool.edu.au)

In person to: The Postgraduate School of Dentistry Administration Office  
16 Transvaal Avenue  
Double Bay NSW 2028  
Australia

We will review the form and contact you if further details are required.

Certification documentation will be issued within 10 calendar days of a complete request being submitted provided:

- payment has been received, and
- entitlement to the documentation has been confirmed - the learner (or past learner) requesting the documentation is the learner (or past learner) to whom the documentation was originally issued.

If you have questions about this form or you require assistance to complete it, please contact us on: 02 9362 5620.

Personal details							
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname				Given name/s			

Residential address (this is not to be a PO Box)					
Address					
City/Town		State		Postcode	

Mailing/postal address (if different from residential address)					
Address					
City/Town		State		Postcode	

Contact details			
Home phone		Mobile	
Email			

Type of document requested	
<input type="checkbox"/>	Re-issuance of a Qualification
<input type="checkbox"/>	Re-issuance of a Statement of Attainment
<input type="checkbox"/>	Re-issuance of a Record of Results
Course/qualification to which the document(s) relate	
RTO student number (if known)	
Approximate date of original issue (if known)	

Declaration	
<input type="checkbox"/>	I declare that the information provided by me is, to the best of my knowledge, true and correct.
<b>Student signature</b>	
<b>Student name</b>	<b>Date</b>

## Office use only

Date form received	Date		Initials	
<input type="checkbox"/> Form checked for completeness	Date		Initials	
<input type="checkbox"/> Application details recorded in <i>Certification entitlement register</i>	Date		Initials	
<input type="checkbox"/> Payment received	Date		Initials	
Identification sighted: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Original or <input type="checkbox"/> Certified copy or <input type="checkbox"/> Passport <input type="checkbox"/> Original or <input type="checkbox"/> Certified copy or <input type="checkbox"/> Australian Birth Certificate <input type="checkbox"/> Original or <input type="checkbox"/> Certified copy or <input type="checkbox"/> Naturalisation Certificate (Australian Citizenship) <input type="checkbox"/> Original or <input type="checkbox"/> Certified copy <b>and</b> <input type="checkbox"/> Current Green Medicare Card <input type="checkbox"/> Original or <input type="checkbox"/> Certified copy	Date		Initials	
<input type="checkbox"/> Reissue details recorded in <i>Certification entitlement register &amp; aXcelerate</i>	Date		Initials	
<input type="checkbox"/> Entitlement confirmed - the learner (or past learner) requesting the documentation is the learner (or past learner) to whom the documentation was originally issued.	Date		Initials	