



Request for Certificate/Training record

Course Details for which certificate is required			
Title of course/units			
Completion date			
Completion state			
Learner Details			
Surname			
Previous Surname			
Given names			
Date of birth	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Pharmacy details (where course was completed)			
Home address			
Suburb		State	Postcode
Home Phone		Mobile	
Email address			
Current Employment Details			
Pharmacy name			
Pharmacy address			
Suburb		State	Postcode
Phone number		Fax number	
Pharmacy e-mail			
Identification requirements – this form must be accompanied by a photocopy of one form of identification (see list below) that is certified as a true copy of the original by a pharmacist.			
<input type="checkbox"/> Driver's licence	<input type="checkbox"/> Birth certificate		
<input type="checkbox"/> Health care card	<input type="checkbox"/> University/TAFE student card		
<input type="checkbox"/> Other - please specify			
Fees			
Replacement certificate		\$50.00	
Statement of attainment		\$50.00	
Results of training (Transcript of results)		\$20.00	
Copy of my training records (If file is archived a fee may apply) This relates to the student actually coming into the Guild offices and looking at their training record		\$0.00	
Payment Method			
<input type="checkbox"/> Please invoice my Pharmacy Guild account number _____			
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order Please make cheque/money order payable to the Pharmacy Guild of Australia			
<b>Note: Cheques or money orders must be received prior to requests being actioned</b>			
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard			
<b>Note: Requests will not be actioned until Credit card payments have been approved</b>			
Card Number:		Expiry date:	/ /
Name on card		Signature	
Office Use Only			
Training Manager or delegated staff member		Date	