



## 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
Replacement - Statement of Attainment					\$20.00
Results of training (Transcript of results)					\$20.00
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		