Qualification Request Form

About the Certificate Request Form

This form allows students to formally request the issuance of certification, including a **Testamur**, **Record of Results**, **Statement of Attainment**, or **Replacement Certificate**, upon successful completion of training and assessment.

It supports compliance with the **Standards for RTOs 2025**, specifically:

- **Outcome Standard 3.2** – ensuring students are informed and supported in accessing their certification
- **Outcome Standard 4.3, 4.6, and 4.7** – ensuring the RTO maintains secure records, validates issuance eligibility, and issues certification in a timely and compliant manner

The form must be used in conjunction with the **Qualification Issuance Checklist** and must be retained as part of the **student file** for audit and quality assurance purposes.

Instructions for Students

Section	Instructions
Student Details	Complete all personal details accurately. These will be reflected on the certificate.
Course Information	Provide the full course name and code. Include your trainer's name and final date of training (if known).
Type of Certificate Requested	Tick the appropriate box. If requesting a replacement, state the reason.
Declaration	Sign and date the declaration to confirm accuracy and understanding of conditions.

Note: Certification will not be processed if outstanding fees exist or if course outcomes are incomplete.

Office Use Only

This section is completed by Elan College Staff . It verifies:

- Form receipt
- Payment (if required)
- Eligibility checks
- Certificate issuance date

Keep a copy on file as part of the **Student Records Register** and link to issuance checklist for audit readiness.

Would you like this wrapped in a policy-aligned process map or SOP format for admin staff training?

Student Details

Field	Details
Full Name	
Student ID	
Date of Birth	
Email Address	
Phone Number	
Postal Address	

Course Information

Field	Details
Qualification / Course Name	
Course Code (if known)	
Campus / Delivery Location	
Trainer/Assessor Name	
Completion Date (or Expected)	

Type of Certificate Requested

Type	Tick
Testamur (Full Qualification)	☐
Record of Results (Transcript)	☐
Statement of Attainment	☐
Replacement Certificate Reason:	☐

Declaration

I declare that the information provided above is true and correct to the best of my knowledge. I understand that:

- **Certificates will only be issued if all fees are paid and all course requirements are met.**
- **Processing may take up to 14 business days.**
- **Replacement certificates may incur an administration fee.**

Signature	
Date	

Office Use Only

Field	Details
Date Received	
Verified by	
Fees Paid (if applicable)	☐ **Yes** ☐ **No** **Amount: AUD**
Issued by	
Date Certificate Issued	
Notes	

Please handover this form at reception desk of ELAN COLLEGE Suite 2, Level 6, 190 Queen Street, Melbourne VIC 3000 || Phone: +61 433 549 009 || Email: elancollegeaustralia@gmail.com