



## APPLICATION FOR CERTIFICATE/DIPLOMA

**POST** to S.I.B.T., 1 Callaghan Close, Charmhaven 2263 or  
**FAX** to (02) 4393 3333 or  
**EMAIL** to admin@massageschool.com.au  
**Please allow a minimum of 3 - 4 weeks for processing and delivery.**  
**Applications will be processed in date order received.**

I would like to apply for:

- CERTIFICATE IV IN MASSAGE THERAPY PRACTICE (HLT40307)**
- DIPLOMA OF REMEDIAL MASSAGE (HLT50307)**
- INDUSTRY OR SIBT ACCREDITED COURSE** Pls specify: \_\_\_\_\_
- OTHER** Pls specify: \_\_\_\_\_ (include fee)

Prior to issuing your Certificate/Diploma you must have:

- Completed all academic requirements and submitted appropriate documentation.
- Paid all fees/money outstanding.

Name: \_\_\_\_\_

Course name \_\_\_\_\_ Venue: \_\_\_\_\_ Teacher \_\_\_\_\_

Full time       Part time       Intensive

Commencement Month/Year \_\_\_/\_\_\_      Completion Month/Year \_\_\_/\_\_\_

Please print your name **clearly** as you wish it to appear on your certificate/Diploma:

\_\_\_\_\_

How would you like to receive your Certificate/Diploma:

- Post to this address \_\_\_\_\_ Postcode \_\_\_\_\_
- Collect from the office *(Please contact the office prior to collection to ensure your Application has been processed)*
- Send to class \_\_\_\_\_ Venue \_\_\_\_\_
- Pick up at Clinic. Preferred date \_\_\_/\_\_\_/\_\_\_.

<b>Office use:</b>		<u>Comments/Notes:</u>
Date received	_____ (date)	_____
All academic requirements fulfilled	_____ (initial)	_____
All financial obligations fulfilled	_____ (initial)	_____
Certificate Number	_____ (initial)	_____
Diploma Number	_____ (initial)	_____
Cert. No. entered on Database	_____ (initial)	_____
Date posted or collected:	_____ (date/initial)	_____
Date post/coll. entered on Database	_____ (initial)	_____