

APPLICATION FOR QUALIFICATION

AQF certification documentation will be issued within 30 calendar days of the learner being assessed as meeting the requirements of the program.

Please note: Documentation will not be issued until all agreed fees have been paid and your USI number has been provided.

On this date _____ (date) I would like to apply for:	
	HLT42015 Certificate IV in Massage Therapy
	HLT52015 Diploma of Remedial Massage
	Industry or SIBT Accredited Course, please specify:
	Other Please specify (include fee if applicable)

Name	
USI Number	
Print name CLEARLY as you wish it to appear on your qualification	

How would you like to receive your Qualification	
	Post (Please supply address): Postcode:
	Collect from the office (contact the office prior to collection to ensure your qualification is ready to collect)
	At class or Clinic (specific day/date):

OFFICE USE:

Date received	
All academic requirements fulfilled	
All financial obligations fulfilled	
Enter total Ezidebit payments on Smartsoft (balance should be zero)	
USI number / Verified	
Qualification Number	
Qual Number entered on Database	
Details entered in AVETMISS	
Date posted or collection	