## **CERTIFICATE REPRINT-COPY REQUEST FORM**



Document Number: A4038 Version: 3.0 Published: 13/01/2023

### **Related Document**

Metro Academy Operations Manual - A4931

### **General Information**

This form may be used to request a reprint of the original or electronic copy of the following certification documentation (certificates):

- · Certificate and Record of Results
- Statement of Attainment
- Certificate of Completion.

Reprinted original certificates will be sent to the learner only, via post, or the learner can collect in person at Metro Academy, 42-50 Bakehouse Road Kensington Victoria 3031.

Electronic copies of certificates issued for training completed prior to November 2019 are copies only and may not satisfy external verification requirements.

All requests must be accompanied by photo identification, e.g. Drivers Licence or Passport.

### What you need to do

- **Step 1** Read the General Information and complete the relevant sections of this form.
- **Step 2** Once all sections have been completed, submit the form with supporting photo identification to <a href="mailto:certificates@metrotrains.com.au">certificates@metrotrains.com.au</a> for processing.

Metro Academy will provide electronic copies of certificates within five (5) business days of your payment receipt.

#### NOTE:

- If photo identification is not provided, your request will not be processed.
- Electronic copies will only be provided via email to the third party nominated on this form. You **must** nominate an individual, simply nominating an organisation **cannot** be accepted.
- Payment details must be completed as cash payments will not be accepted.

#### Section 1 - Learner Details

Name			Date of	Birth	
Address					
Suburb			Postcod	e	
Email					
Phone		Mobile			
Unique Student Identifier (USI)					
Rail Industry Worker (RIW) #					

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Section 2 – Request D	etails						
Course							
Course Date							
	,						
Course							
Course Date							
Course							
Course Date							
Course							
Course Date							
If request is for a reprint o	of a full qualifica	ation:					
Qualification Name & Co	de						
Completion Date							
Please select one or mor	e options belov	w:					
☐ Reprint of original cer per course	rtificate (\$100)	☐ Electronic copy of certificate (\$20) per course			☐ Metro Academy to upload certificate directly to RIW (\$25) per certificate		
Section 3 – Nominate	ed Third Part	y Details					
Name							
Address							
Suburb				Post	code		
Email							
Phone			Mobile				
Organisation (if applicab	le)						

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## Section 4 – Declaration and Signature

Declaration								
	mation provided in this for tro Academy to release el n				o myself	f or the	e third	party
Signature of Learner			Date					
Section 5 – Paymen		□ Masta	u.Co.u.d	Amount	\$			
Card Type  Card No.	□ Visa	☐ Maste	rcard	Amount	۶			
Expiry Date	Month			Year				
Cardholder Name								
Cardholder Signature								

## **Metro Academy Office Use Only**

Date Request Received		Received By	
Sent to Accounts Department (AD) for Processing	□ Yes □ No	Date Sent to AD	
Payment Receipt Received	☐ Yes ☐ No	Date Received	
Certificate(s) Issued/Uploaded	☐ Yes ☐ No	Date Issued/Uploaded	

A scanned copy of the completed form and supporting documentation is to be added to the learner's file when complete.