



SPECTRA TRAINING

Ground Floor, 100 Dorcas Street, South Melbourne VIC 3205

PHONE (03) 9292 8000

FAX (03) 9292 8088

EMAIL: info@spectra.edu.au

A.B.N: 82 443 695 367

Certificate or Transcript Reprint Request

Personal Details

Identification Required: When requesting a transcript or certificate reprint, you must present a legitimate form of personal identification (e.g. Driver's licence, passport) showing your name, photo and signature. If faxing, emailing or mailing your request, then a copy of this must be supplied with your request, otherwise your request cannot be processed.

Trainee Family Name:		Trainee Given Name:	
Previous Employer Name:		Current Employer Name:	
Date of Birth:		Daytime Phone Number:	
Address:			
Email Address:		Course Title:	

Payment Details

Reprint of Original Certificate:	QTY		\$50.00 per copy (GST Inc.)
Copy of Transcript:	QTY		\$20.00 per copy (GST Inc.)
Retrieval of information from archives:	QTY		\$50.00 plus \$40.00 per hour or part thereof (GST Inc.)
Credit Card Details:			

Payment via Credit Card only using Visa, MasterCard or American Express (Please circle)

Card Number: _____

Name on Credit Card: _____

Expiry: _____ / _____ CCV: _____

Signature: _____

Delivery Instructions

Post To:
Name _____

Address _____ Postcode: _____

Signature _____ Date: ____/____/____

Privacy Statement

Spectra Training collects, uses and destroys personal information in accordance with our Privacy Policy. The Privacy Statement can be provided upon request.

Date of Issue: June 2014
Document: Certificate Transcript Reprint Request
Version: 1.0

CLB Office Use Only

Date:
Account coding:
Completed by:
Payment date:
Issue Date:
ID Confirmation: