Replacement certificate

Request form

Use this form to request a certificate or statement of attainment from a closed registered training organisation (RTO).

The VRQA can only issue a certificate or statement of attainment if it has the relevant student records from the closed RTO.

All requests must be signed by the person named on the certificate. The VRQA is unable to process requests made by someone other than the person named on the certificate.

Submitting this request

Email your completed form to:

* [vrqa@education.vic.gov.au](mailto:vrqa@education.vic.gov.au).

Or you can post it to:

* Student Services  
  Victorian Registration and Qualifications Authority  
  GPO Box 2317  
  Melbourne VIC 3001

The VRQA aims to process requests within 10 business days. However, at busy times the request may take longer.

Contacting the VRQA

To find out if the VRQA holds student records for the RTO where you completed your studies, contact the Student Services team:

* Phone – (03) 9637 2806 (select option 4)
* Email :[vrqa@education.vic.gov.au](mailto:vrqa@education.vic.gov.au)

Privacy disclaimer

So that the VRQA can process your request, you are asked to provide personal information on this form. The VRQA will only use this information for the purpose of processing your request and not for any other purpose. The VRQA is committed to handling all personal information securely in accordance with the *Privacy and Data Protection Act 2014*.

To learn more about how the VRQA handles personal information, see:

* [VRQA Information Privacy Policy](https://www.vrqa.vic.gov.au/Documents/privpolicy.docx)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | |
| Victorian Student Number or Student ID (if known) |  | | | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | | | | |
| Has your name changed since you completed your studies? | ☐ | No | | | | | | | | | | | | | | |
| ☐ | Yes | | | Name at time of studying: | | | | | | | | | | | |
| Date of birth | Day | | | |  | | Month | | |  | | | Year | |  | |
| Residential address | Street address | | | |  | | | | | | | | | | | |
| Suburb/town | | | |  | | | | | | | | | Postcode | |  |
| Postal address (if different from above) | Street address | | | |  | | | | | | | | | | | |
| Suburb/town | | | |  | | | | | | | | | Postcode | |  |
| Home phone |  | | | | | | | Work phone | | |  | | | | | |
| Mobile |  | | | | | | | Email | | |  | | | | | |
| Training details | | | | | | | | | | | | | | | | |
| RTO name |  | | | | | | | | | | | | | | | |
| Training organisation ID  (if known) |  | | | | | | | | | | | | | | | |
| Date training completed | Day | | | |  | | | Month | | |  | | | Year | |  |
| Name of qualification, accredited course or units of competency |  | | | | | | | | | | | | | | | |
| Please confirm that your previous certificate has been lost/damaged, if no, please provide further information for the application. | ☐ | No | | | | | | | | | | | | | | |
| ☐ | Yes | | Other: | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | |
| I declare that the information provided is true and correct | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | |
| Date | Day | |  | | | Month | | |  | | | Year | | |  | |