TRAINING MASTERS PTY. LTD.
RTO Code: 41479 | CRICOS Provider Code: 03510J | ABN: 72 611 635 128
Level 3, 84–86 Mary Street, Surry Hills NSW 2010, Australia
T: (02) 8278 7722 **E:** admissions@tm.nsw.edu.au **W:** www.tm.nsw.edu.au

Certificate Issuance Request Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student Name:			
Student ID:		**Phone:**	
Email:			
Address:			
Qualification:			

Student Declaration:

I hereby declare that the information provided in this form is true and correct. I understand that:

- I have completed all program requirements in my enrolled course as part of this request.
- Training Masters may require up to 5 working days to process my request.
- All outstanding fees must be paid before a certificate can be issued.

Certificate Delivery Method :

☑ Collect Print copies in person from Training Masters reception

Student Signature: _____ **Date:** _____

Office use only.

Step 1: (**Finance Department will complete this section)**

(Please tick appropriately)
☐ No Fees Due-**Please Process Request**
☐ Fees Due-**Do not** Process Request, ☐ Amount due: _____

Completed by Name: _____

Signature: _____ **Date** _____

Step 2: (Student Services Department will complete this section)

Certificate Issuance Checklist:

Step	Areas to be checked	Confirmed (Yes/No)
1	Students have successfully completed all required units of competency	☐Yes ☐No
2	Final assessment results have been recorded and approved by the assessor	☐Yes ☐No
3	Student USI has been verified via RTO manager	☐Yes ☐No

4	All required fees have been paid in full	☐Yes ☐No
5	Certificate will be retained in the RTO Manager and logged in the Qualification Completion Register	☐Yes ☐No

Declaration:

I declare that the Certificate Issuance Checklist has been completed accurately and in accordance with Training Masters' policies and procedures.

Completed by Name: _____

Signature: _____ **Date** _____

Step 3:(CEO & Academic Manager will complete this section)

Certificate request: **Approved** ☐ **Not approved** ☐

Comments (if any):

Declaration:

We hereby certify that this student has met all program requirements to justify the issuance of this award. Academic records supporting these statements have been compiled in accordance with Australian Qualifications Framework requirements.

Academic Manager Signature: _____ **Date:** _____

CEO Signature: _____ **Date:** _____

Certificate Collection	
Collected By (Student Signature):	**Date:**