

**Request for a replacement Testamur**  
(Qualification, Statement of Attainment or Academic Transcript)



Please allow up to 10 working days for your request to be processed. We will then contact you when documentation is ready to be collected.

The form must be submitted in person to ACHF Heidelberg office. If circumstances permit you from attending the office then you must sign this form in front of an Authorised Signatory e.g. pharmacist, police officer etc. You will need to provide photo identification either in person or in front of an Authorised Signatory to confirm your identity.

Surname: (as enrolled)	Given Name: (as enrolled)
Date of Birth: ____/____/____	Contact No: _____
Address: (This is must match identification)	
_____	
Suburb: _____	State: _____
Postcode: _____	
Address for documents to be posted to: (if different to above)	
_____	
_____	
Suburb: _____	State: _____
Postcode: _____	
Email address:	

Course title/code:	Graduation Year:
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<b>REPLACEMENT DOCUMENT</b> <small>(Please tick which replacement testamur you wish to apply for)</small>	<b>COST</b>
<input type="checkbox"/> Statement of Attainment/Record of Results (Unit of Competency results) <b>and / or</b> <input type="checkbox"/> Academic Transcript (Subject results)	\$25.00
<input type="checkbox"/> Testamur <small>(Includes qualification, statement of attainment and academic transcript)</small>	\$85.00
<input type="checkbox"/> Postage (registered) if required. Pick up is free.	\$10.00

<b>METHOD OF PAYMENT</b>
I wish to pay by:
<input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Cash* Cash will only be accepted in person at ACHF's office – do not send cash in the post) <input type="checkbox"/> Visa      Master Card      Bankcard      Amex
_____ / _____ / _____ / _____ Name on Card: _____ Signature: _____ Expiry Date ____/____/____

I declare that the information I have provided above is true and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Authorised Signatory (must include organisation stamp and/or seal)</b> I declare the person applying for documentation has provided evidence of identity and residential address as stated on this form. Signature: _____ Date: _____
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Please submit your application to:  
 Australian College of Health and Fitness  
 ATT: Compliance Administrator  
 68 Mount Street  
 Heidelberg 3084