STUDENT RECORDS REQUEST FORM

Master Builders Association of Victoria

Purpose: This form is used to apply for a reissuance of the following; if the original have been lost or destroyed.			
Qualification Certificate (Testamur)	Transcript of results		
Statement of Attainment	Copy of assessment submissions		
Applying to have access to student records			
Please read the following information prior to submission	n and allow 7 to 10 business days for applications to be		
processed.			
I. Privacy			
Master Builders is committed to protecting and securing i	$\ \ n formation\ collected\ throughout\ this\ application\ process.$		
All handling of data will occur in accordance with the Priv	vacy Act 1988. Therefore, all requests for student records		
must be signed by the student* and require a valid copy of	of one (1) of the following identification documents:		
☐ Driver's licence; or			
☐ Australian Passport; or			
☐ Australian Birth Certificate; or			
f you don't have any of the above, we will accept the foll	owing:		
☐ Naturalisation Certificate (Australian Citiz	zenship); <mark>and a</mark>		
☐ Current Green Medicare Card			
f you are unable to supply any of the above documenta	tion, please contact one of our training services team on		



(03) 9411 4555.

Student Records Request Form

2. Lodgement of Application

Applications can be submitted in the following ways:

Visit us	Mail	Email
East Melbourne Office	GPO Box 544, Melbourne VIC 3001	training@mbav.com.au
332 Albert Street,		
East Melbourne VIC 3002		

3.*Release of Information to a Third Party

Requests for student records must be made in writing to Master Builders.

In the event that you are requesting records other than your own, you will also be required to obtain written permission from the student by completing the Release of Information to a Third Party form found on Master Builder's <u>website</u>. Any nominated person(s) requesting student records are also required to provide valid photo ID, as outlined above.

Master Builders will be unable to process any requests that do not meet these criterion.

Student details						
Name:	Given Name	Family Name		Previous family name		
Date of birth:	DD/MM/YYYY					
Contact details:	Home Number	Mobile Number		Email Address		
Address details	Street No & Name	Suburb		State	Postcode	
Home Address:						
Postal Address:	Street No & Name	Suburb		State	Postcode	
(if different)						
Employment details	Previous Place of Employment Current Place of Employment			pyment		
Name:						
Work Address:	Street No & Name	Suburb		State	Postcode	

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Course Details				
Course/s Name:				
Year of Completion/s:				
** If you require more space – please provide additional details on a separate sheet.				

Type of Document			
Tick the type of document you are applying for	Cost per (AUD)	Quantity	Total Cost
☐ Reissuance of Certificate (Testamur) for the following Qualification/s:			
☐ CPC50210 Diploma of Building and Construction (Building)			
☐ CPC50308 Diploma of Building and Construction (Management)			
\square CPC40110 Certificate IV in Building and Construction (Building)			
☐ CPC40308 Certificate IV in Building and Construction (Estimating)			
☐ BSB41415 Certificate IV in Work Health and Safety /BSB41419 Certificate IV in Work Health and Safety			
☐ BSB30715 Certificate III in Work Health and Safety/ BSB30719 Certificate III in Work Health and Safety			
☐ Reissuance of Statement of Attainment			
A list of all the units a student has enrolled in and received a result of Competent only.			
☐ Transcript of Results			
A list of all the units a student has enrolled in and received results of Competent or Not Yet Competent.			
☐ A copy of assessment submissions	*Price on		
A copy of assessment submitted to Master Builders for marking.	Application		
☐ Other types of record	*Price on Application		
	Т	otal Cost	

IS YOUR BUILDER A MASTER BUILDER?



Student Records Request Form

Declaration						
I declare that the information provided by me is, to the best of my knowledge, true and correct.						
Signature:		Signature			Date:	DD/MM/YYYY
(If under 18 years Signature require	of age Parent/Guardian d)					
Print Name:		Full Name				
		•				
Payment of	options					
☐ Cash (face to	face only)					
☐ Cheque – Plea	ase find enclosed my che	que of \$		_ (total amount) ma	de paya	ble to Master
Builders.						
☐ Credit Card – I authorise to debit my credit card for \$ (total amount) and details are as				d details are as		
follows:						
Card type:	☐ MasterCard ☐ Visa					
Name on card:						
Card number:						
Expiry Date:	,	CVC				

