

Certificate Collection Authority Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy
 CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Personal Details <i>(Please tick the box)</i>			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:
Given Name:		Middle Name:	
Last Name:		USI Number:	
Date of Birth:			
Email:			
Mobile Number:			
Course:			
Agent Name:			
2. Authorisation			
I hereby authorise Auscare Training Organisation to send my			
Certificate type:			
<input type="checkbox"/> Certificate III	<input type="checkbox"/> Graduate Diploma		
<input type="checkbox"/> Diploma	<input type="checkbox"/> Statement of Attainment		
<input type="checkbox"/> Advanced Diploma	<input type="checkbox"/> Other		
To the following address by post: *Proof of postage is required prior to delivery.			
Unit Number:			
Street:			
State:			
Post Code:		Country:	
I understand that Auscare Training Organisation will not be responsible for any loss or damage in transition.			
Student's Signature:		Date:	

Please return to:
 Student Support Department, Auscare Training Organisation
 60-62 Stirling Street, Perth, WA 6000
 Phone: +61 8 6323 2023
 Email: enrolment@auscaregroup.com.au

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