



Application form

Equivalency of overseas secondary education qualifications

Please read and keep the attached Application notes

Please tick the appropriate box/boxes:							
I give permission for my statement of equivalence to be emailed to TAFE Admissions at the Department of Training and Workforce Development							
□ Assessment to be posted							
□ Assessment to be collected							
□ Assessment to be emailed							
Contact details							
Title: (please specify)		□Miss	□Ms	□Other			
Surname:							
Previous surname (if applicable):			Date of birth:				
Given name/s:							
Postal address:							
Suburb:			Postcode:				
Phone:	Mobile:						
Email:							
Qualifications							
Origin of qualification (country):							
Title of certificate	Issuing authority			Year awarded			
For what reason are you seeking this equivalency?							
□ Study at TAFE		□ Australian Defence Force					
Employment		□ Other					

Payment					
 Payment – \$33 (Australian Dollar only; we do not accept foreign currency) Cash – in person at our office only (do not send cash in the mail) OR EFTPOS from your bank account – in person at our office only OR Money order – payable to 'The School Curriculum and Standards Authority' OR Credit card – MasterCard or Visa 					
Credit Card Payments by Mail					
MasterCard Visa (please tick appropriate box)					
Credit card number:/// Expiry date:					
Cardholder's full name (please print):					
Cardholder's signature:					
Cardholder's address:					
Please return application and payment to:					
By post: School Curriculum and Standards Authority	In person: Level 2				

□ All photocopies certified – please see attached list of who can certify documents

□ **Proof of name change** – if applicable, such as Marriage or Change of Name certificate

□ **Payment – \$33 Australian Dollar** – per certificate/document to be assessed

□ Photo identification – current Australian driver licence OR current passport

information are included. Incomplete applications cannot be processed.

Qualification/s in original language – English or other
 Qualification/s translated into English (if applicable)

□ **Application form** (this document) – fully completed, signed and dated

Declaration – You must read, sign and date this application form

I certify that all information and documents provided with this application are true and correct. I understand it is my responsibility to provide all necessary documents, and that the School Curriculum and Standards Authority will not process my application if I provide incorrect, incomplete and/or misleading information.

Checklist – Before submitting the application form, please ensure the required documents and

Signature:

PO Box 816

Cannington WA 6987

Date: ____

303 Sevenoaks Street

Cannington WA 6107

OFFICE USE ONLY									
Original documentation sighted?	Yes 🗌 / No 🗌			Signature	Date				
Certificates and/or academic records	Yes 🗌 / No 🗌	First assessment	Yes 🗌 / No 🗌						
Photo identification e.g. driver licence	Yes 🗌 / No 🗌	Second assessment	Yes 🗌 / No 🗌						
Proof of name change (if applicable)	Yes 🗌 / No 🗌	Review	Yes 🗌 / No 🗌						

Authority officer:

(Signature)