## Manual Award Verification Request

146 TQB FMa Version: 1.0 – 06/10/2016

- > Form to be completed by Employment/Recruitment Agencies requesting a manual award verification requiring additional information.
- > Must be submitted with the student's written authority and a CERTIFIED COPY of PHOTOGRAPHIC IDENTIFICATION
- A \$20.00 administration fee is required at time of submission (refer Payment Details below).
- Completed form is to be forwarded to: Request.Brisbane@tafe.qld.edu.au

| , comple                                                               | 7 Completed form to to be forwarded to. 110 Control of the control |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
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| PLEASE COMPLETE ALL SECTIONS BELOW                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| AGENCY DETAILS - Please use BLOCK letters                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Agency name:                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Taipei Economic                                                        | c and Cultura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | al Offi                       | ce, B  | risba  | ne, A | ustra  | lia              |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Address:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               | Suburb: |       |   |  |      |      |       | Post Code: |    |    |  |  |
| Level 11, 46 Edward Street                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               | Bris    | sbane | ; |  |      | 4000 |       |            |    |    |  |  |
| Contact name: Co                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     | email         | l:      |       |   |  |      |      |       |            |    |    |  |  |
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| Contact telephone: C                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      | ontact fax:         |               |         |       |   |  |      |      |       |            |    |    |  |  |
| 07-3828-1699                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      | 07-3828-1688        |               |         |       |   |  |      |      |       |            |    |    |  |  |
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| STUDENT DETAILS – Please use BLOCK letters and print your name in full |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Student Name:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     | Student No.:  |         |       |   |  |      |      |       |            |    |    |  |  |
| Date of Birth:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Qualification / Program Name: |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Document No:<br>(if known)                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     | Date Granted: |         |       |   |  |      |      |       |            |    |    |  |  |
| ADDITIONAL INC                                                         | ADDITIONAL INFORMATION REQUESTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
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| PAYMENT DETAILS                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
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| Cheque                                                                 | <u></u> ∐ N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /lone                         | y Ord  | ler    |       | L      | J EF             | TPOS | OS (in person only) |               |         |       |   |  |      |      |       |            |    |    |  |  |
| ☐ Credit Card                                                          | Type of Credit Card: Uisa MasterCard Amex (not available at all camp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |        |        |       |        |                  |      |                     |               |         |       |   |  | npus | es)  |       |            |    |    |  |  |
| Name on Credit                                                         | Card:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
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| Amount: \$                                                             | Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | l Hold                        | ers Si | ignatu | ire   |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| OFFICE USE ON                                                          | I V Bloose r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | occin                         | t to c | nood   | tuno  | ept /  | \\ <b>\</b> \\ \ | אחפ  |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Date Payment Re                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eceip                         | . 10 5 | peeu   | ty pe | JD 1-# | ~ V V /~\ [      | \DV  |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Receipt Number:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |
| Received by:                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |        |       |        |                  |      |                     |               |         |       |   |  |      |      |       |            |    |    |  |  |

**Privacy Statement** 

TAFE Queensland Brisbane is collecting the information on this form to perform administrative activities associated with the verification of student's awards/qualifications. Only authorised officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law





