

**FM-BDT18 – Statement of Results Application
Protective Services Officer (PSO)**



Send to: Business Development- Testing Level 5
VETASSESS
GPO Box 2752
MELBOURNE VIC 3001

or in person to: 478 Albert Street
EAST MELBOURNE VIC 3002
Fax Number: 03 9655 4899

Application Number

(Office Use)

Name: _____

Address: _____

Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Date of Birth: _____

Examination centre where Victoria Police examination initially sat:

Date of examination: _____

Please note:

- The fee for issuing a PSO 'Statement of Results' is \$25.00 (incl. GST).

Payment by credit card, bank cheque or money order payable to 'VETASSESS' must accompany this form. Alternatively, cash or credit card payments may be made in person at VETASSESS.

Credit Card Details:

Card No: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Amount: \$25.00

Card Validation Code: _____ (The last 3 digits of the number printed on the signature panel).

Name of Cardholder:Signature:

Please read Privacy Statement and sign below:

PRIVACY: Whenever VETASSESS collects, handles, stores, uses or discloses information about you, it aims to comply with the Privacy Principles that apply to protect your personal information. 'Personal information' means information or an opinion (including information in a database) about an individual whose identity is apparent or can reasonably be ascertained. By signing below, you are providing VETASSESS with an assurance that the test scores/ results are being issued to you as the owner of the test scores/ results.

Candidate's Signature: _____ **Date:** / /

