

FM-SRT07 - Replacement Statement of Scores Application



Send to:
Skills Recognition: Testing
VETASSESS
GPO Box 2752
MELBOURNE VIC 3001

or in person to:
Level 5
478 Albert Street
EAST MELBOURNE VIC 3002
Fax Number: 03 9655 4899

Application Number

(Office Use)

Name: _____

Address: _____

Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Candidate ID No: _____ Date of Birth: / /

Institute or examination centre: _____

Name of test or examination: _____

Date of test or examination: _____ Receipt No: (if known) _____

Candidate's Signature: _____

IMPORTANT NOTES:

- The fee for a 'Replacement Statement of Scores/Results' application is \$30.00 (incl. GST).
- No further fee is applicable if the test scores/results are held at the VETASSESS office.
- If the test scores/results are held off-site, an additional \$25.00 fee is payable for costs incurred to access and retrieve the test scores/results from the archive facility.

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

Credit Card Details:

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

Amount: \$30.00

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: / /

