

Student Information

Student details

Surname: _____

Given name: _____

Date of birth: _____

Information that is requested: (please indicate by ticking appropriate box)

Training undertaken Results Copy of Certificate(s)

Other information (please specify) _____

Proof of identify (tick appropriate boxes)

I provide the following original document(s) as proof of my name, date of birth and signature (You must provide at least one of the following documents)

Passport Victoria proof of age card with photo

Firearm licence ID card with photo Boat licence ID card with photo

Driver's licence or Learner's permit – Australian with photo

Administration use only

Original identification sighted: Yes No **Copy to be attached**

Name, date of birth and signature verified: Yes No

Type of ID: _____ Number on ID _____

Expiry date: _____

Administration name: _____

Administration signature: _____

Privacy – The above information will be kept confidential and will only be used for the purpose of a positive identification of you.