Verification of Qualification Permission form



Pines Learning 1/520 Blackburn Road Doncaster East VIC 3109 Phone: 9842 6726

Email: info@pineslearning.com.au

Issuing RTO name:
Dear,
My name is
The details from this Statement/Qualification are as follows:
Qualification Title:
Qualification Code:
Certificate Number: Date of issue:
I hereby authorise you to provide verification of these details to the contact person below:
Name:
Email:
Phone:
Yours sincerely,
Student name: D.O.B:
Student signature: Date:
Student phone number:
Please note: RTOs are obliged to provide this confirmation in a timely manner, in accordance with RTO's responsibility under the <i>Standards for Registered Training Organisations (RTOs) 2015</i> .
Office use only Verified by:Date:
Signature:Position:
Verified by: email (copy attached) phone QR Code (Screenshot copy attached)
If verified verbally, record the name and position of the person who provided the verification.
Name:Position:

Approved by: Ruth Fordham Next Review: 26 Nov 2020 Approved Date: 26 Nov 2019 Version #: 1.5