

Authority to Verify Qualifications

RPL Form C - Student / Candidate Authorisation

Submit this form with your recognition for prior learning application in order that we can verify their authenticity with the issuing organisation. Submit one form per document.

Organisation or Institute - Name	
Document number and date of award	
Qualification Code and Title	

Student / Candidate Surname:	
Student / Candidate First name:	
Student / Candidate Date of birth	
Student / Candidate Email and Contact number	

I, _____, give permission to
[student/candidate to insert name above]

the institute or organisation named above to provide information to Phillips Institute, RTO number 21868, in relation to verification of certificates and/or qualifications obtained by me at the institute or organisation stated above.

This information may be supplied in the form of *(please tick all that apply)*:

- Mail (addressed to Phillips Institute, Head Office, 75A Koornang Road, Carnegie, Victoria, 3163.)
- Email (scanned and attached to email address train@phillips.edu.au for the attention of the named representative below)
- Telephone (through contact with a member of Phillips Institute staff representative on 1300 55 88 37 and/or as noted below)

Student / Candidate name: _____

Student / Candidate signature: _____ Date: _____

Phillips Institute staff representative: _____

Phillips Institute staff signature: _____ Date: _____