



Please print in BLOCK CAPITAL LETTERS PERSONAL

#### DETAILS

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Student ID Number:
Family Name:	
Given Name:	
Course:	

I hereby authorise West Australian Institute of Further Studies to send my

Certificate type:

- |  |  |
|--|--|
| <input type="checkbox"/> Certificate I   | <input type="checkbox"/> Diploma                 |
| <input type="checkbox"/> Certificate II  | <input type="checkbox"/> Advanced Diploma        |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Statement of Attainment |
| <input type="checkbox"/> Certificate IV  | <input type="checkbox"/> Other _____             |

By post to the following address:

Unit No:	
Street Name:	
State:	
Country:	Post Code:

*I do understand WAIFS will not be responsible for any loss or damage in transition.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return:

By Post:  
C/o – Student Services Manager  
West Australian Institute of Further  
Studies  
2 Onslow Place, JOONDALUP  
WA 6027 Australia

By Fax:  
61 8 6200-6201

By email:  
admissions@waifs.wa.edu.au

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