



SECONDARY EDUCATION EQUIVALENCE APPLICATION

This form is not to be used for students entering secondary school. The statements of secondary education equivalence issued by the School Curriculum and Standards Authority do not guarantee enrolment at Western Australian tertiary institutions. Eligibility for tertiary entrance is determined by the institutions themselves. Enquiries: equivalences@scsa.wa.edu.au Telephone: (08) 9273 6352
Web: <http://www.scsa.wa.edu.au>

(Please complete all sections of this form)

PERSONAL DETAILS

Mr Mrs Miss Ms

Surname/ family name: _____ Previous surname/ family name: _____
(if applicable please supply proof of name change e.g. marriage certificate)

Given names: _____ Date of birth: _____

Address: _____ ☎ (Work): _____
_____ Postcode: _____ ☎ (Mobile): _____

Email address: _____ ☎ (Home): _____

DETAILS OF SCHOOLING

Number of years of primary schooling: _____ Number of years of secondary schooling: _____

DETAILS OF HIGHEST SECONDARY EDUCATION AWARD

Title of certificate _____ Year awarded: _____

Issuing authority: _____ Country or State: _____

Please tick the appropriate box/boxes:

I give permission for my statement of equivalence to be emailed to TAFE Admissions at the Department of Training and Workforce Development
Assessment to be posted
Assessment to be collected
Assessment to be emailed

DOCUMENTS THAT NEED TO BE SUBMITTED WITH THIS APPLICATION

Secondary school certificates and/or academic records Yes No
Photo identification e.g. drivers licence, passport Yes No
Proof of name change (if applicable) e.g. marriage certificate Yes No

Documents must be **ORIGINALS** or **CERTIFIED COPIES**. **DO NOT** send originals by post. Send certified copies only. Documents must be in English. Translated certified copies are required for non-English documents. Applications can be submitted in person or by post. Faxed or emailed applications will not be accepted.

I certify that, to the best of my knowledge, all the information provided above is accurate and that the School Curriculum and Standards Authority or its predecessor, the Curriculum Council, has not assessed this qualification before.

Signature: _____ Date: _____



Payment of \$30 must accompany this application. Payment can be made by cheque or credit card.
 Payment by cash or EFTPOS will only be accepted if you submit this application in person.

CREDIT CARD PAYMENTS BY MAIL

MasterCard Visa (Please tick a box)

Credit card number: _____ / _____ / _____ / _____ Expiry date: _____

Cardholder's full name: _____
 (please print)

Cardholder's signature: _____

Cardholder's address: _____

CHEQUES

Cheques are to be made in the name 'School Curriculum and Standards Authority'

Please return application and payment to
 School Curriculum and Standards Authority
 27 Walters Drive
 OSBORNE PARK WA 6017
 Telephone: (08) 9273 6352

OFFICE USE ONLY

Original documentation sighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificates and/or academic records	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Photo identification e.g. drivers licence	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Proof of name change (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Authority officer: _____ Date: _____