|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Before you complete the form You must contact a NTCET project officer using any of the below ways.  Phone: 08 8944 9253  Email: [ntcertification.det@education.nt.gov.au](mailto:ntcertification.det@education.nt.gov.au)  For your application to be accepted, you must provide a **receipt of payment** with this form. | | | | | | | | | | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. | | | | | | | | | | | | | | | | | | | |
| Applicant details | | | | | | | | | | | | | | | | | | | |
| Legal name\* | | | | | |  | | | | Date of birth\* | | | | | | |  | | |
| Legal name at school\* | | | | | |  | | | | | | | | | | | | | |
| Contact details | | | | | | | | | | | | | | | | | | | |
| Mobile number\* | | | | | |  | | | Home number | | | | |  | | | | | |
| Email address\* | | | | | |  | | | | | | | | | | | | | |
| Postal address\* | | | | | |  | | | | | | | | | | | | | |
| State\* | | | | | |  | | | Post code\* | | | | |  | | | | | |
| Students school details | | | | | | | | | | | | | | | | | | | |
| School(s) attended\* | | | | | |  | | | | | | | | | | | | | |
| Highest grade completed\* | | | | | | *Example: 12* | | | | | Did you graduate\* | | | | | | | Yes / No | |
| Final year of school\* | | | | | | *Example: 2008* | | | | | | | | | | | | | |
| Year 10 results If you require your Year 10 results, contact an NTCET project officer.  If you attended a non-government school, you will need to contact the school directly for your results.  Year 10 results after 2001 are available at the school you attended. | | | | | | | | | | | | | | | | | | | |
| Required documentation | | | | | | | | | | | | | | | | | | | |
| Please tick or check ONE box\* | | | | | | | | | | | | | | | | | | | Cost |
| Record of achievement: (Year 11 and year 12 record of achievement and tertiary entrance statement, if applicable) | | | | | | | | | | | | | | | | | | | $30.00 |
| Certificate: (NTCET or NTCE certificate including record of achievement and tertiary entrance statement) | | | | | | | | | | | | | | | | | | | $60.00 |
| For applications made by another person | | | | | | | | | | | | | | | | | | | |
| Requests for replacement documents can be made only by the person who is named on the document except where the person is overseas or interstate. An application may then be made on behalf of students by another person. The statutory declaration must be completed. | | | | | | | | | | | | | | | | | | | |
| Requested by | |  | | | | | Relationship to applicant | | | | | |  | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | | | |
| Statutory declaration | | | | | | | | | | | | | | | | | | | |
| (1) Insert full name and residential address of the person making the declaration  (2) Select the reason for requesting new documentation  (3) Insert the address/location at where the declaration is being made  (4) Insert the date in which you signed the declaration  (5) Signature of the person making the declaration | | | | | | | | | | | | | | | | | | | |
| I (1)\*, | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| do solemnly and sincerely declare that the original document/s have been (2)\*: | | | | | | | | | | | | | | | | | | | |
| Lost | | | Stolen | | | | | Damaged | | | | | | | Destroyed | | | | |
| Other – Reason: | | | | | | | | | | | | | | | | | | | |
| And I make this solemn declaration by virtue of the Oaths Act and conscientiously believe the statements contained in this declaration to be true in every detail. | | | | | | | | | | | | | | | | | | | |
| Declared at (3)\* | | | |  | | | | | | | | Date (4)\* | | | |  | | | |
| Signature (5)\* | | | |  | | | | | | | | | | | | | | | |
| Witness details | | | | | | | | | | | | | | | | | | | |
| The witness must be over the age of 18  (6) Insert the full name of the witness before whom the declaration is made  (7) Insert the telephone number of the witness before whom the declaration is made  (8) Insert the email of the witness before whom the declaration is made  (9) Signature of the witness before whom the declaration is made | | | | | | | | | | | | | | | | | | | |
| Witness full name (6)\* | | | | |  | | | | | | | | | | | | | | |
| Witness telephone number (7)\* | | | | |  | | | | | | | | | | | | | | |
| Witness email (8)\* | | | | |  | | | | | | | | | | | | | | |
| Signature (9)\* | | | | |  | | | | | | | | | | | | | | |
| Note: A person wilfully making a false statement in a statutory declaration is liable to a penalty of $2,000 or imprisonment for 12 months, or both. | | | | | | | | | | | | | | | | | | | |
| Payment options | | | | | | | | | | | | | | | | | | | |
| Choose any of the below options to pay.  National Australia Bank Branch (or use internet banking)  BSB: 085-461  Account Number: 351610000  Account Name: RECO DARWIN  Reference: ARD – your surname | | | | | | | | | | | | | | | | | | | |
| Receiver of Territory Monies (RTM)  Cheque/cash deposited to account code 350110-166911; GST Code S10  For information on the closest RTM go to the [Northern Territory Government website](https://nt.gov.au/industry/licences/receiver-of-territory-monies-contacts).  You must quote your reference number when making your payment. | | | | | | | | | | | | | | | | | | | |
| Further information Email your completed form and receipt to [ntcertification.det@education.nt.gov.au](mailto:ntcertification.det@education.nt.gov.au) | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | |