## Contact a NTCET Certification Officer prior to filling an application

NTCET Certification Officer, Teaching and Learning 10-12

**Address**: Level 11 Mitchell Centre, 55-59 Mitchell St, Darwin NT 0800

**Postal Address:** GPO Box 4821, Darwin NT 0801

**Phone**: (08) 8944 9253 or (08) 8944 9254

**Email**: ntcertification.det@nt.gov.au

|  |
| --- |
| Applicant Details:Student Name: …………………………………………………………….. Date of Birth: ……………………Name on original document if different to above:……………………………………………………………..Postal Address:……………………………………………State:…………………Postcode:………………..Mobile No: ……………………………… Email:……………..…………………………………………………School(s) attended:………………………………………………………………………………………………Highest Grade Completed: ………….. The Year You Left or Graduated School:………………………... |

|  |
| --- |
| Please tick ONE box:Document Type Cost1) Record of Achievement: (includes Year 11 & Year 12 & TER/ATAR if applicable) $22.00 [ ] 2) NTCET Certificate: (includes Certificate, TER/ATAR, & Record of Achievement) $50.00 [ ]  |

|  |
| --- |
| Year 10 Results* If you require your Year 10 results, please contact a NTCET Certification Officer to see if your records are available
* 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
 |

|  |
| --- |
| 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. Application may then be made on behalf of students by parents or siblings and the Statutory Declaration on page 3 must be completed.Requested by: ….………………………………………Signature:………………………………………………..Relationship to Applicant:…………………………………………………………………………………………… |

|  |
| --- |
| STATUTORY DECLARATION1. I, ………………………………………………………………………………………………………………

 (Name & Address of person making declaration)……………………………………………………………………………… do solemnly and sincerely declare 1. I declare that the original document has been:

 [ ]  lost [ ]  stolen [ ]  damaged [ ]  destroyed 1. 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:…………………………………………………………………………………………………………..Date: ………………………………… By:……………………………………………………………………….. (Signature of person making the declaration)Witness: ………………………………………………………………………………………………………………  (Signature of person before whom the declaration is made – Witness over the age of 18 years)…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… (Name, address, and telephone number of the witness before whom the declaration is made)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:Pay at a National Bank branch or via internet banking using:

|  |  |
| --- | --- |
| **BSB**: | 085-461 |
| **Account Number**: | 351610000 |
| **Account Name**: | RECO DARWIN |
| **Reference**: | ARD – Your Surname |

Payment at a Receiver of Territory Monies (RTM) Office: Cheque/cash deposited to Account Code 350109-166911; GST Code S10Office locations:

|  |  |  |
| --- | --- | --- |
| **Darwin** | 8999 1606 | Level 7, Charles Darwin Centre, 19 The Mall |
| **Casuarina** | 8943 6219 | The Domain, 16 Scaturchio Street |
| **Alice Springs** | 8951 6491 | 1st Floor Alice Springs Plaza, Todd Street Mall |
| **Katherine** | 8973 8715 | 1st Floor, Government Centre, First Street |

RTM office hours are 08:30 – 16:00 Monday to Friday.Receipt of payment MUST accompany this form. |