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**Australian  
College**  
of Commerce & Management

# Verifying Qualifications

## External Registered Training Organisations

### Student Details:

Name:

Address:

Suburb:

State:

Post Code:

Email:

### Qualification Details:

Registered Training Organisation:

Course Name:

Course Code:

Please list the Units: (If not already attached separately)

Signature

Date

*By signing this form you give permission for The Australian College of Commerce & Management to verify your Qualification directly with the Registered Training Organisation listed above.*