



Application Form

Apply for a certificate reprint

Personal

Please print clearly using capital letters in a blue or black pen. Please complete the relevant section fully.

First Name																				
Current Surname																				
Previous Surname																				
Permanent Address																				
City																				
Post Code																				
Email Address																				
Home Phone																				
Mobile																				
NZQA Number (NSN or NSI)																				

Certificate Type

<input type="checkbox"/> New Zealand Certificate in Commercial Barbering (Level 4)	Provider										
<input type="checkbox"/> New Zealand Certificate in Beauty Therapy (Level 4)	Strand										
<input type="checkbox"/> New Zealand Certificate in Hairdressing (Professional Stylist) (Level 4)											
<input type="checkbox"/> New Zealand Certificate in Nail Technology (Level 4)											
<input type="checkbox"/> New Zealand Certificate in Advanced Cutting (Level 5)											
<input type="checkbox"/> New Zealand Certificate in Makeup and Skin Care (Introduction) (Level 3)											
<input type="checkbox"/> National Certificate in Hairdressing (Professional Stylist) (Level 4)											
<input type="checkbox"/> National Certificate in Hairdressing (Hairdressing Practice) (Level 4)											
<input type="checkbox"/> National Certificate in Hairdressing (Advanced Cutting) (Level 5)											
<input type="checkbox"/> Other (please state)											

Date of Qualification / /

Reason for reprint

Please note: Under NZQA regulations, we can only provide one copy of your certificate. You may only apply for a reprint if your certificate is lost, damaged, or there is an error.

Fees

Print a certificate and send to **NZ address** is **\$30** Print a certificate and send **overseas** is **\$50** (NZD)

Payment method Direct credit Credit card

If paying by **direct credit**, please pay into account **03 0502 0747489 00** and use **your name and 'certificate'** as the reference. Please call (04) 499 1180 to pay by **credit card**.

Declarations and Signature

I declare that the above particulars given are correct.

Signature: Date: / /