REQUEST FOR A REPLACEMENT TESTAMUR

Sydney Institute of Traditional Chinese Medicine

Important Information

1. Graduates of SITCM may apply for a replacement testamur if their original testamur has been lost, stolen, destroyed, damaged or if there has been a change of name.

2. Replacement testamurs are issued in the original testamur style and will show the original date of graduation and the date of re-issue.

3. A replacement testamur cannot be issued if the original testamur is still in your possession. A testamur is a legal document and only one can be issued per award.

   a. If you still have the damaged testamur, it must be returned to SITCM before a replacement can be issued.
   b. If you are no longer in possession of the original testamur, a Statutory Declaration must be submitted with this application. The Statutory Declaration must:
      - Include the details of the testamur (i.e. the award on the testamur and year of graduation) along with details of its loss/theft; and
      - Be completed fully in the presence of an authorised witness, then signed by you and co-signed by the authorised witness.

   A Statutory Declaration can be downloaded:
   https://www.jp.nsw.gov.au/Pages/justices-of-the-peace/nsw-statutory-declaration.aspx

4. The cost of a replacement testamur is $50.00. Postage is not included in the replacement cost.

5. Please allow 1 week processing time from receipt of completed application, not including delivery.

6. Please be aware that if you provide falsified documents to external agencies which misrepresent your qualifications from SITCM, then this could result in one of a range of penalties, from failure in the course or suspension (where applicable), exclusion and/or the matter may be reported to ICAC.

7. Complete all sections of the application and either lodge in person at SITCM Administration Office or email it to administration@sitcm.edu.au.

Proof of Identity

To enable SITCM to fulfil its obligations under the Privacy and Personal Information Protection Act (NSW) 1998, you must submit a copy of your driver's license, passport or birth certificate.

Your request cannot be processed until you provide this.

- If you do not have a current driver's license or a passport, you will need to provide copies of the equivalent of 100 points of ID such as a Medicare card, bankcard, student identity card, electricity bill etc.
- If you have changed your name since you studied at SITCM, you will also need to provide evidence of this by providing either a copy of your marriage certificate, official change of name certificate or a copy of other relevant documentation.

Personal Details	
Family Name:	Given Name(s):
Student ID:	Date of Birth:
Postal Address:	
Tel (home):	Tel (mobile):
Email:	

Testamur Details	
Name as it appears on original testamur:	
Which Degree(s) is the replacement testamur?	
☐ Bachelor of Traditional Chinese Medicine	Date Degree Conferred:
☐ Advanced Diploma of Traditional Chinese Medicine	Date Degree Conferred:
☐ HLT52015 Diploma of Remedial Massage	Date Degree Conferred:
☐ Other:	Date Degree Conferred:

Replacement Reason Please select the reason you require the testamur to be replaced.	
☐ Original Testamur Lost/Stolen/Destroyed	➢ A Statutory Declaration must be attached.
☐ Original Testamur Damaged	➢ The Original Testamur must be attached.
☐ Name Change	➢ Certified copies of proof of name change documents and the Original Testamur must be attached.

Collection/Delivery Details Please choose the method for delivery.	
☐ Collect from SITCM Administration Office **Please note:** You must bring photographic identification with you.	No cost
☐ Please post to postal address provided above **Please note:** Testamurs will be sent by Registered Post within Australia and internationally via DHL courier. Items sent via DHL courier will require a contact name and telephone number. Testamurs cannot be sent to overseas PO boxes as items must be signed for on delivery.	$15.00 for postage

Payment Details A charge of $50.00 applies for a replacement testamur. Postage is additional.		
Student ID:	☐ Mastercard	☐ Visa
Card Number:		
Expiry Date:		
Please debit my account with the amount of $		
Cardholder's Name (as shown on the card):		
Cardholder's Signature:		

Declaration	
I declare that the information I have provided in this application is true and correct.	
Signature:	Date:

Registrar to Complete	
Date received:	
Approved by Registrar: ☐ Yes ☐ No; Reason for Not Approving:	
Signature:	Date: