National Recognition
Application Form

National Recognition involves the process of recognising qualifications and/or statements of attainment issued by other registered training providers. This form should be completed where an individual:

- Has been awarded a nationally recognised qualification in massage and wishes to enrol into a higher award program at Sage
- Has been awarded a statement of attainment for a nationally recognised qualification they have partially completed and wishes to enrol to complete the same qualification at Sage
- Has been awarded a First Aid certification that was issued within the past 3 years, with a CPR update completed no more than 12 months ago

Part 1) Applicant Details

Surname ___________________________ Given Name/s ___________________________
Address ________________________________________________________________
Suburb ___________________________________________ Postcode _______________
Phone ___________________________ Email _________________________________

Part 2) National Recognition

I wish to apply for national recognition for (please tick):

- Full completion of Certificate IV in Massage Therapy Practice (HLT40312)
- Partial completion of Certificate IV in Massage Therapy Practice (HLT40312)
- Full completion of Diploma of Remedial Massage (HLT50307)
- Partial completion of Diploma of Remedial Massage (HLT50307)
- Full completion of Certificate IV in Small Business Management (BSB40407)
- Partial completion of Certificate IV in Small Business Management (BSB40407)
- Full completion of Certificate I in Vocational Preparation (22012VIC)
- Partial completion of Certificate I in Vocational Preparation (22012VIC)
- First Aid Award
Part 3) Declaration

I, _______________________________ (insert full name)

a. Declare that all information provided by me is true and correct, and hereby give permission for Sage to make any enquiries they see fit to verify the accuracy of such information

b. Attach verified/certified copies of Qualifications and/or Statements of Attainment awarded

c. Provide proof of identification by means of photo identification

Signed _______________________________ Dated _______________________________

Once complete, submit this form together with your evidence to the Academic Registrar.