



SECONDARY EDUCATION EQUIVALENCE APPLICATION FORM

The Office of the Board of Senior Secondary Studies provides equivalence statements for secondary studies completed overseas.

Please note only **completed qualifications** can be assessed for equivalency.

Application: Application for Equivalence can be made in person at;

Office address: Callam Offices
Level 1, Building B, 50 Easty Street, Phillip ACT 2606
C/- Office at the Board of Senior Secondary Studies

Evidence of Identity Required:

Equivalence statements are provided only to the person whose name is on the certificate.

Applicants must attend in person and bring to the office one of the following:

- current Passport – showing name, signature and photo ID
- current Driver's Licence – showing name, signature and photo ID

Applications:

Must include the completed Application form, payment and either the original certificates and documents or certified copies of these documents.

A **certified copy** is a copy/photocopy that has been compared with the original and endorsed/signed as a 'True Copy' by a Justice of the Peace. The Justice of the Peace must include his/her Justice of the Peace identification number, signature and date signed on the copy.

Please do not send your original documents by post.

Note: When a certified copy of a passport, birth certificate or driver's licence is provided and the applicant has changed their name since the original certificate was issued, then proof of the name change must be provided eg. certified copy of Marriage Certificate or other legal document.

Fee: Equivalence Application Fee - \$78.00 per each equivalence statement.

Payment Details: Payment can be made by

- EFTPOS (Electronic Funds Transfer at Point of Sale)
- EFT (Electronic Funds Transfer to Government Bank Account)

Note: If paying by EFT (Electronic Funds Transfer) your transaction receipt must be attached to your Application form.

Not accepted: Credit Card, Cash, Australia Post Money Order or personal cheques.

Application Processing:

Normal processing will be approximately one month once all requirements are met and payment is received.

Further Information:

If you require any further information regarding this process, please direct your enquires to:

In person: Callam Offices
Level 1, Building B, 50 Easty Street, Phillip ACT 2606
C/- Office of the Board of Senior Secondary Studies

Phone: Reception (02) 620 57181

E-mail: bsssenquiries@act.gov.au



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NOTE: The Board of Senior Secondary Studies does not issue an equivalence statement for enrolment at universities or for trade qualifications. Eligibility for tertiary entrance is determined by the institutions themselves.

The Office of the Board of Senior Secondary Studies (BSSS) is collecting the information on this form to enable the BSSS to supply you with your equivalence. This is authorised by the *ACT Board of Senior Secondary Studies Act 1997*. The BSSS usually discloses this information to the Chief Minister, Treasury & Economic Development Directorate.

1. Personal Details (Please Print)

Title (Please Circle):	Mr	Mrs	Ms	Miss
Family name or surname: _____				Previous surname: _____ (if applicable)
Given names: _____				
Address: _____				
				Postcode: _____
Date of Birth: _____	Phone Day: _____			Mobile: _____
Email: _____				

2. Details of Schooling

Number of years of primary or basic schooling: _____	Calendar year completed: _____
Number of years of secondary schooling: _____	Calendar year completed: _____
Name of school attended in final year of secondary schooling: _____	

3. Certificate(s) Originals or Certified copies must be attached, together with a Certified Translation if the originals are in a language other than English.

Title of main certificate attached: _____			
Year of Award: _____	Issued by: _____		
Country (or State) of origin of certificates: _____			
Are any other certificates attached?	Yes	No	How many? _____
NOTE: SCANS AND UNCERTIFIED PHOTOCOPIES OF CERTIFICATES AND DOCUMENTS WILL NOT BE ACCEPTED			

Fee: \$78.00 EFTPOS (at point of sale) OR EFT (Electronic Funds Transfer to Government Bank Account)

Payment Fee of: \$ _____ Date paid on: _____

- EFT to: BSB: **032-777** – Account Number: **000065** – Reference: **BSSS and your surname**
(EFT Receipt **must be attached** to your Equivalence Application Form)

4. Declaration: I certify that to the best of my knowledge all my information & documents provided is accurate.

Signature: _____ **Date:** _____

For Enquiries Telephone: Reception (02) 620 57181

Office Use: Version 15.09.2023	File Number: _____	Folio No: _____
EFTPOS <input type="checkbox"/>	EFT <input type="checkbox"/>	Payment Amount: \$ _____
Date Received: _____		Receipt Type attached here: _____
Processed by: _____		