IELTS Application for the issue of additional TRFs

First Name(s): 

Family Name: 

Date of Birth: (dd/mm/yyyy): 

Passport Number (must be valid passport):  
*Passport must be presented before a TRF can be issued

Address: 

Email: 

Phone: 

Test Details:

Centre name: QUT IELTS Test Centre  
Centre number: AU310

Candidate number:  
Test Date: / / 

Name of Person/Department: 

Name of College/University/Organisation

Address:

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS QUT Test Centre to forward a copy of my TRF to the department/s or institution/s listed above. I understand that the TRF will not be issued to persons who are not recognised receiving organisations. Refer to www.qut.edu.au/qutic-ielts (select “Results>Additional test report forms”) for full details before submitting this form. This form must be accompanied by the QUTPay receipt ONLY if the candidate is requesting an additional Test Report Form (TRF) one month after the test date. The Additional Test Report Form (TRF) costs $25 per TRF.

Signature: ___________________________  Date: ____________

date/month/year

QUT IELTS Test Centre  
Room P315, Level 3, P Block,  
QUT Kelvin Grove Campus  
Victoria Park Road, Kelvin Grove, QLD, 4059  
Ph: +61 7 3138 7321  
Email: ielts.enquiries@qut.edu.au  
Website: www.qut.edu.au/qutic-ielts  
(CRICOS No: 00213J)
EFTPOS Payment Authorisation for the fee for an additional TRF:

Please tick the appropriate box below;

☐ I am paying the fee for an additional TRF with my own card  – Last 4 digit of the card number

OR

☐ The fee for an additional TRF is being paid by ________________________________

The card holder must fill in the information below.
The card holder must also complete the transaction the same day and be present at the time of the transaction.

"I ____________________________ am paying the above fee on behalf of ____________________________"

(Card Holder’s Name) (Candidate Name)

Phone number of Card Holder: ____________________________  – Last 4 digit of the card number

Signature of Credit Card Holder ____________________________ Name on Card ____________________________ Date (day/month/year)

Payment processed ☐ by ________________________________

☐ EFTPOS - Receipt# through EFTPOS: ____________________________ Receipt # through OneStop: ____________________________

☐ QUTPay - Receipt# through QUTPay: ____________________________

☐ An additional TRF issued (date):