# **Replacement Certificate by Centre**

Please complete all sections of this form to provide as much information as possible.
The fee payable is £25 for Centres making the application.

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| Centre Information |
| Centre Name |       |
| Cohort Number |       |

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| Candidate Information |
| Full Name |       |
| Full Name on the original certificate, if different to above |       |
| Date of Birth |       |
| Sex |       |

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| Qualification Information |
| Qualification Number and Title (please include specific pathway, if applicable) |       |
| Number(s) and Title(s) of units and endorsements achieved |       |
| Date qualification achieved, if not known please enter approximate date |       |

Select the reason for the replacement request:

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| Reason for Replacement/Re-Issue |
| [ ]  | **Spelling Error**The original certificate must be sent with this form. Centre must confirm they have seen the candidate ID and tick the relevant statement in the centre declaration. |
|       |
| [ ]  | **Certificate Damaged**Explain how the certificate was damaged. The original certificate must be sent with this form. |
|       |
| [ ]  | **Other** Explain why a replacement/re-issue is requested. (If missed unit, please specify which unit is missing with full code and title) |
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| Invoice Information |
| Name and address for invoicing      |

**Centre Declaration:**

[ ]  I confirm that the above details are correct and understand that it will not be possible to amend or cancel this order once it is placed.

[ ]  I understand that the processing fee is for a record search and is non-refundable whether or not the search is successful.

[ ]  I confirm that I have checked the person’s ID for authentication purposes before I requested changes to the person’s name. (Only applicable when the reason for replacement certificate request is a spelling error in the person’s name).

[ ]  I understand and accept that ProQual may ask for any historical candidate information/portfolio work to verify the certificate authenticity and I have a responsibility to make it available to ProQual on request.

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| Name of the Centre contact making this application |
|       |
| **Signature of the Centre contact making this application** | **Date** |
|       |       |

Return the original certificate to ProQual AB Ltd, address as below, and email the completed form to centralsupport@proqualab.com

ProQual AB Limited, ProQual House, Unit 1, Innovation Drive, Newport, HU15 2GX
Company Registration Number: 07464445

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| Office Use Only |
| Invoice Number |       |
| Date Completed |       |
| Comment |       |