# **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 |  |

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

|  |  |
| --- | --- |
| 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:

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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](mailto:centralsupport@proqualab.com?subject=Replacement%20Certificate%20Request)

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

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