**R6 AWARD VERIFICATION APPLICATION**

Skills and Education Group Awards will issue a replacement certificate for any award made after September 2005 and will issue a letter of verification for all awards made prior to September 2005.[[1]](#footnote-1)

Before any verification or certification can take place, you must complete this form and send it together with your remittance and proof of identity to the address indicated below:

Skills and Education Group, Robins Wood House, Robins Wood Road, Aspley, Nottingham, NG8 3NH

Or sign, scan and email to: [Centresupport@skillsedugroup.co.uk](mailto:Centresupport@skillsedugroup.co.uk)

One of the following fees will apply:

**Replacement Certificate charge £25**

**OR**

**Letter of Verification charge £50 (inclusive of search fee)**.

Please make cheques payable to **Skills and Education Group Awards** or monies can be transferred directly into one of the following accounts:

**UK PAYMENTS:**

Account Name: Skills and Education Group Awards: Sort Code: 54 21 07: Account Number: 21222401 or

**INTERNATIONAL PAYMENTS:**

BIC: NWBKGB2L/ IBAN: GB15NWBK54210721222401

Please use the word R6 and your surname as the Payment Reference for bank transfers.

A refund minus a £10 administration charge will be given where awards cannot be verified.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME** | | |  | | | **FORENAMES** | | | |  | | | | |
| **FULL NAME UNDER WHICH ORIGINAL CERTIFICATE WAS ISSUED IF DIFFERENT FROM ABOVE** | | | | | | | | | | | | | | |
|  | | | | | | | | | | **DATE OF BIRTH** | | |  | |
| **PHOTOGRAPHIC EVIDENCE SUPPLIED** *(copy photo ID driving licence or copy passport)* | | | | | | | | | | **YES / NO** | | |  | |
| **ADDRESS** |  | | | | | | | | | | | | | |
| **TEL.** | |  | | | **EMAIL** | | |  | | | | | | |
| **CENTRE NAME & ADDRESS**  ***(Name of Centre at time of course completion and address if known)*** | | | | | | | | | | | | **CENTRE UKPRN[[2]](#footnote-2)**  *(If known)* | | |
|  | | | | | | | | | | | |  | | |
| **FULL QUALIFICATION TITLE** | | | |  | | | | | | | | | | |
| **COURSE ID**  ***(if known)*** | | | |  | | | **YEAR QUALIFICATION TAKEN**  ***(if not known please give an approximation)*** | | | | | | |  |
| **REASON FOR REQUEST (Please give brief details)** | | | |  | | | | | | | | | | |
| **PAYMENT TYPE (enter Y in relevant box)** | | | | Cheque (enclosed) | | | | |  | | Bank Transfer Completed | | |  |
| **SIGNATURE** | | | |  | | | | | | | | | | |

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1. Please be advised that for qualifications previously awarded by:

   * EMFEC you must contact EMFEC

   [↑](#footnote-ref-1)
2. UK Provider Register Number [↑](#footnote-ref-2)