**R6 Replacement Certificate Application**

Skills and Education Group Awards will issue a replacement certificate for any award made after 1st September 2005. A letter of verification may be issued for awards prior to this date subject to the request being verified.

Before any 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: [Customersupport@skillsedugroup.co.uk](mailto:Customersupport@skillsedugroup.co.uk)

The following fee will apply: **Replacement Certificate charge £25**

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

**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** |  | | | **First Name** | |  | | | |
| **Full Name Under Which Original Certificate Was Issued If Different From The Above** | | | | | | | | | |
|  | | | | | | **Date of Birth** | |  | |
| **Photographic Identification Evidence Supplied** *(copy photo driving licence or copy passport)* | | | | | | **Yes / No** | |  | |
| **Address** |  | | | | | | | | |
| **Telephone Number** |  | | **Email Address** | |  | | | | |
| **Centre Name & Address**  *(Name of Centre at time of course completion and address if known)* | | | | | | | | | |
|  | | | | | | | | | |
| **Centre UKPRN[[1]](#footnote-1)**  *(If known)* | |  | | | | | | | |
| **Full Qualification Title** | |  | | | | | | | |
| **Course ID**  *(If known)* | |  | | | | | | | |
| **Year Qualification Taken**  *(If not known please provide an approximation)* | |  | | | | | | | |
| **Reason For Request** *(Please give brief details)* | |  | | | | | | | |
| **Payment Type**  *(Enter Y in the relevant box)* | | **Cheque** *(enclosed)* | | |  | | **Bank Transfer** *(Completed)* | |  |
| **Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |

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