

CANDIDATE IDENTIFICATION FORM

Candidates should complete Parts 1 and 2 of this form, attach the signed photograph as instructed and send to your training provider or examination centre. **Approved CPC Centres** should either post a photocopy of the form and photo to CPC, Skills and Education Group Awards, Robins Wood House, Robins Wood Road, Aspley, Nottingham, NG8 3NH or email a scan of the form and photo to the CPC Team at Skills and Education Group Awards: cpc@skillsedugroup.co.uk

Candidates should NOT send this form directly to Skills and Education Group Awards.

SEG Awards Centre Name	
SEG Awards Centre ID	

Part 1 – To be completed by the candidate or centre

Date of birth (dd/mm/yyyy)	
Title	
First Name	
Surname	
Address	
Town/City of Birth:	
Country of Birth:	
SEG Awards Registration ID	

Part 2 (declaration by the candidate)

I confirm that the photograph affixed here is a true likeness of myself and that I am the person referred to in this document

Signature:

Date:

Please note: all candidates, whether or not they hold a photo driving licence or passport, must affix a photograph, signed in this way.



The reverse of the
photograph must be signed
by the person signing the
declaration in part 3

Part 3

If the candidate has a passport or photo driving licence, part 3 must be completed by a member of centre staff.

Note: If the candidate does not have a passport or photo driving licence, part 3 must be completed by a JP, Police Officer, Minister of the church, Family Doctor, Senior Public Person or Professional Person who knows the candidate.


Part 3 - for centre staff

A member of the centre staff, who must see either the candidate's passport or photo driving licence, must:

- enter the number of the candidate's passport or driving licence
- sign the back of the candidate's photograph
- complete and sign the fields below

Passport/photo driving licence number *(delete as appropriate)*:

I declare that the photograph signed by me and affixed on page 1 is a true likeness of the person described in part 1.

Signature	
Name (In block letters)	Address:
Status:	

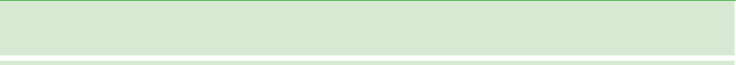

Part 3 - for professional persons

A JP, Police Officer, Minister of the Church, Family Doctor, Senior Public Person or Professional Person, who knows the candidate, must:

- state the number of years they have known the candidate
- sign the back of the candidate's photograph
- complete and sign the fields below

Number of years I have known the candidate:

I declare that the photograph signed by me and affixed on page 1 is a true likeness of the person described in part 1.

Signature:	
Date:	
Name (In block letters)	Address:
Status:	

N.B Centres **must** keep the original copy of this form at the centre.

You **must** also:

Return a photocopy of this form to the address below

OR

Send a scanned copy to cpc@skillsedugroup.co.uk

You need only complete **one copy of this form per candidate**.

You **no longer** need to submit a new photocopy or scan for every session in which the candidate sits an examination – each candidate's form only needs to be submitted once.

However, you must visually check the candidate's identity against the form you have on file every time they sit an examination.

Postal address:

**CPC
Skills and Education Group Awards
Robins Wood House
Robins Wood Road
Aspley
Nottingham
NG8 3NH**