

Centre application form for a replacement certificate



Completed form to be returned to the following address:

Replacement Certificates
Qualifications Department
Royal Society for Public Health
John Snow House
59 Mansell Street
London, E1 8AN

You can scan and email the completed form to:
replacementcertificates@rspsh.org.uk

Name of Candidate: _____ D.O.B. ___/___/___
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 Name of Candidate: _____ D.O.B. ___/___/___

Centre Name: _____ Centre No.: _____
 Contact Name: _____ Contact No.: _____
 Contact Email: _____

Title of qualification: _____
 Date of examination: ___/___/___ Date of issue of original certificate: ___/___/___
 Test series: _____ No of candidates: _____
Please provide the reason for the application for (a) replacement certificate(s):

 If lost in the post, please provide a tracking reference: _____

FEES (for an individual replacement certificate). Please tick as appropriate

Application is made within 3 months of the issue of the original certificate	No fee	
Application is made after 3 months of the issue of the original certificate	£30	

FEES (for a batch of replacement certificates) per test series. Please tick as appropriate

Application is made within 3 months of the issue of the original certificates	No fee	
Application is made after 3 months of the issue of the original certificates	£50	

The RSPH will not be able to provide a replacement certificate unless it is able to verify the original award by reference to its records. **The fee will not be refundable even if it has not been possible to issue a replacement.**

In addition, candidates who have changed their name since taking the qualification must provide proof of their name change, for example, a copy of the marriage certificate, or a copy of deed poll document. The replacement certificate will bear the name given at the time that the qualification was gained.

In all cases replacement certificates will be marked as such.

Centres, please ensure that candidate identity has been checked against centre records. Please confirm that this has been done by ticking here

Copy of original certificate is enclosed

Copy of original results letter is enclosed

Payment Details

If you are required to pay for the replacement certificate(s), please select the means of payment from the list below and complete the details accordingly:

Credit/Debit Card

Card type (Visa/Master Card): _____ Card Number: ____ | ____ | ____ | ____

Expiry Date: ____ | ____ Issue Number: ____ Security Code (Last 3 digits on back of card): ____

Cardholder Name: _____ Cardholder Signature: _____

Address where the card is registered: _____

_____ Postcode: _____

Contact telephone number: _____

Invoice

Please provide a purchase order number: _____

Cheque

Please find enclosed a cheque for the sum of: £ ____ . ____

(Please make cheques payable to: *The Royal Society for Public Health*)

Declaration

I can confirm that the information provided here is correct

Centre Contact Signature: _____

Centre Contact Name (print): _____

Date: ____ / ____ / ____