

Candidate application form for a replacement certificate

Name of Candidate: _____

Date of Birth: ____/____/____ Tel No: _____

Address: _____

Post code: _____

Email: _____

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

Or email the completed form to:
replacementcertificates@rph.org.uk

Centre Name: _____

Title of qualification: _____

Date of examination: ____/____/____ Date of issue of original certificate: ____/____/____

Please provide the reason for the application for (a) replacement certificate(s):

Replacement certificate fee (non refundable)

£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. **Please complete this form and await our response before making payment. We will contact you directly regarding payment method. Your booking will not be processed until payment is made.**

RSPH requires proof of identity before issuing replacement certificates. Two different forms of identification are required. Acceptable identification documents are copies of driving license, passport, birth certificate or a recent utility bill or bank statement. One form of ID must be photographic.

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.

We would advise you to password protect documents that are emailed to RSPH that contain personal data, please remember to let RSPH know the password by a secure means other than within the email that contains the attachment. Alternatively, a hard copy can be sent by a form of Recorded Mail.

In all cases replacement certificates will be marked as such.

Please state the two types of documentation you have enclosed.

i) _____

ii) _____

P.T.O

Declaration

I can confirm that the information provided here is correct.

Candidate Signature: _____ Candidate Name (print): _____

Date: ____/____/____

Privacy Notice

The Royal Society for Public Health (RSPH) will use your information to process your application for a Replacement Certificate. Our reasons for processing your information is to fulfil our legitimate interests as an Awarding Body.

Managing your details includes administering a record search, providing a replacement certificate and maintaining our own accounts and records.

The information you provide here will be recorded and held indefinitely on our electronic system.

We will not share your personal information with any other organisation without your prior consent, unless we are required to do so by law.

For further information on how your information is used, how we maintain the security of your information, and your rights to access the information we hold on you, please see our privacy policy at <https://www.rsph.org.uk/privacy-policy>

RSPH USE ONLY

Proof of ID received: YES NO

Certificate Issued and Proof of ID Destroyed: Date: _____ Administrator Signature: _____