Syllabus Application Form

Introduction

Please complete this form and either post it to:-

Centre Support
Scottish Qualifications Authority
The Optima Building
58 Robertson Street
Glasgow
G2 8DQ

If you complete it electronically and are paying by card, email it to replacement.certificates@sqa.org.uk

If you have any questions regarding the completion of this form please contact SQA on 0845 279 1000.

Note that any field below marked with a ' *' is mandatory.

01 Personal Details

	Forename(s)	Surname
Name*		
Date of birth*		
Current address*		
		Postcode*
Daytime tel. number*		
Email address		

If you require your syllabus to be sent to an address different from your current address please complete the delivery address below.

Delivery address		
		Postcode

02 Syllabus Details

These are only for Examination based Courses taken at a Further Education Centre between **1965 and 1993**. You can obtain Higher National Unit and National Unit descriptors for continually assessed Courses from our website (www.sqa.org.uk) free of charge or contact our Customer Contact Centre on 0845 279 1000 / customer@sqa.org.uk.

Course title	Year started	Awarding Body

Additional Information

Please use this space to add any other information which may be relevant to your application

03 Payment Details

Payment can be made by credit/debit card, cheque or Postal Order. Cheques and Postal Orders should be made payable to 'Scottish Qualifications Authority'.

Normally items are sent using Standard 2nd class postage for UK addresses and Airmail for international addresses. If you would prefer your syllabus to be sent Recorded delivery or Courier, charges are shown below.

Solo cards, American Express cards and cash are not accepted.

Charges:- Please indicate how many syllabuses and any extra delivery options you require.

			Amount
No of syllabuses		@£25.00/copy	
Recorded Delivery (UK)		@ £4.50	
Courier Delivery (Rest of World)		@ £20.00	
		Total remittance £	

Please tick one of the boxes below to indicate your method of payment

☐ cheque ☐ Postal Order ☐ credit/debit card (complete details below)

Cardholder's name	
Card type	
Card number	
Expiry date	
Valid from date	
Issue number	
Security code	(Last three digits on signature strip.)
Cardholder's signature (type name if using email)	

04 Declaration

I declare that, to the best of my knowledge, the information given in this application form is correct and I agree to pay the fees associated with this application.

Applicant's signature* (type name if using email) _____ Date* _____