

# Replacement Certificate Application Form



Please complete this form electronically and e-mail it to [replacement.certificates@sqa.org.uk](mailto:replacement.certificates@sqa.org.uk).  
Alternatively, you can post it to: Centre Support, Scottish Qualifications Authority, The Optima Building, 58 Robertson Street, Glasgow, G2 8DQ.

This application must be certified by a professional person who can validate your care background. There is a full list of acceptable certifiers in the guidance document.

## Your current details

Current name*			
Date of birth*		Candidate Number	
Address*			
Postcode			

## Your previous details

Please ensure you include any previous names, starting with the name you had at the time you achieved your qualifications.

Previous name	Candidate number	Previous address

## Delivery

If you need the certificate to be sent to an address that's different from your home address, please fill it in here:

Address	
Postcode	

## Your school qualifications

You only need to list the type of qualification you achieved (Higher, Standard Grade, etc) not the subject.

Qualification type	Exam year	Name of school	City / Town of School

## Your further education qualifications

Please list the course title, subject name or unit.

Course title	Year gained	Name of college/centre	Awarding body

## Additional information

Please use this space to add any further information that may be relevant to your application

--

## Declaration

**Candidate:** I hereby declare that the information supplied on this application is correct

Signature*		Date	
------------	--	------	--

**Certifier:** I hereby declare that the person making this order is care experienced, the information on this application is correct and I have seen documentation to support this.

Name*			
Relationship to candidate*			
Contact address & telephone no*			
Signature*		Date	

\*typed will be accepted