



Acting on someone else's behalf

We know that not everybody is able to make enquiries, request information, make a complaint or challenge a decision themselves and need someone to do it for them.

If you are acting on behalf of someone else who is unable to provide written consent due to a learning or physical disability or a health condition, please complete the form below.

Your Details:

First Name:

Last Name:

Address:

Contact Telephone No:

Email:

Candidate details

First Name:

Last Name:

Date of birth:

Address:

Declaration

I confirm that I act on behalf of the candidate named above and that they have given consent for this but are unable to provide this in writing due to a learning or physical disability or a health condition.

Signed:

Date:

Please print your full name

* Please note that it is an offence to impersonate an individual to obtain personal data under data protection legislation.

Please submit your form by

Post to: Customer Service Team
3rd floor
Scottish Qualifications Authority
The Optima Building
58 Robertson Street
Glasgow
G2 8DQ

Email to: Customer@sqa.org.uk