Replacement unit certificate / qualification parchment request form - Form UCP1 (For candidate use only)

Use **one form per qualification** - all sections of the form must be completed unless otherwise stated.

NB: *Please use the details contained in your NEBOSH Unit Result Notification letter and/or Unit Certificate or Parchment to assist in completing this form.*
Please enclose a copy of your Unit Result Notification letter to assist us with matching your details to ensure you receive the correct certificate.

PLEASE WRITE CLEARLY IN BLOCK CAPITALS AND BLACK INK

1. Accredited course provider details

Name of accredited course provider where studied

NEBOSH accred. course provider number

2. Candidate details (as they appeared on the appropriate Unit Result Notification letter)

NEBOSH student number

Given or first name(s)

Family name or surname

Date of birth

Gender (please tick)

Male		Female	

a. Candidate address as registered with NEBOSH

House/flat number

Building name/number

Street

Town/city

District (where applicable)

County/State

Country

Postal /zip code

Daytime telephone number

Email address (optional)

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b. Address where replacement certification is to be sent (if different to a. overleaf)

House/flat number

Building name/number

Street

Town/city

District (where applicable)

County/State

Country

Postal /zip code

Daytime telephone number

Email address (optional)

3. Replacement unit certificate/ qualification parchment required –
see NEBOSH Unit Result Notification letter and/or unit certificate or parchment

Title of NEBOSH qualification (eg, National General Certificate in Occupational Health and Safety)

(please tick appropriate box)

Unit certificate(s) – if selected proceed to **Section 4**

Qualification parchment – if selected proceed to **Section 5**

4. Unit certificate details

Please specify the unit name and code of unit certificate(s) required (listed on the unit certificate or Unit Result Notification letter). The result declaration date is stated on the certificate (if available).

Unit name (eg, Management of health and safety)	Unit code (eg, NGC1)	Result declaration date(s) D D M M Y Y

5. Qualification parchment details

Please specify the name of the qualification parchment required (eg, National General Certificate in Occupational Health and Safety) - listed on the Unit Result Notification letter

Qualification title	Result declaration date(s)

	D	D	M	M	Y	Y

6. Reason for requesting replacement unit certificate or parchment (please tick one as appropriate)

	Original must be returned?	Evidence required?	Tick
Damaged by candidate	**YES**	No	
Damaged by course provider	**YES**	No	
Damaged in post from NEBOSH	**YES**	No	
Lost by candidate	No	No	
Not received by candidate	No	No	
Legal name change	**YES**	**YES**	
Error identified – spelling/printing/duplicate candidate	**YES**	**YES**	
Other reason (please specify below)			

7. Name changes

The format for names printed on NEBOSH certificates is:

GIVEN or FIRST NAME(s)	FAMILY NAME or SURNAME

Using this format please clearly PRINT in BLOCK CAPITALS the name that should appear on the replacement certificate(s).

8. Declaration

NEBOSH will process your data in accordance with the principles of the UK Data Protection Act (1998).

I confirm that by completing and submitting this form:
- I give consent to the processing of this data;
- I have read the NEBOSH *"policy for replacement certificates requests from candidates and accredited course providers"* document and understand it;
- I have supplied information which is accurate to the best of my knowledge.

Candidate signature	Date

Checklist

- **Have you included your new address details if they have changed since you received your results?**
- **Have you included a copy of the relevant Unit Result Notification letter(s)?**
- **Have you enclosed the original (not copies), damaged or incorrect certificates?**
- **Have you included evidence to support your name correction or name change?**
- **Have you enclosed payment? (see page 5)**

Application notes

1. All sections of this form must be completed in full (unless otherwise noted within the form).
2. You may only use one form per NEBOSH qualification. This form may be photocopied if more applications are needed.
3. Completed forms and supporting documentation should be sent to Replacement Certificates, NEBOSH, Dominus Way, Meridian Business Park, Leicester, LE19 1QW.
4. Where damaged or incorrect certificates are returned to NEBOSH for replacement it is recommended that candidates and accredited course providers return them via a trackable delivery service. **NB:** NEBOSH will not accept any liability for original certificates returned to NEBOSH by accredited course providers or candidates that are lost in transit.
5. Please allow **20 working days** for the processing of the application from the receipt and verification of candidate identification and /or full payment
6. **Payment details should be completed in Section 9.**

9. Payment details

- The current fee for this service is **£10** per **replacement unit certificate or qualification parchment**
- **There is also a charge to cover trackable delivery (for security reasons), postage and packing per order (not per certificate): £10 for Special Delivery in the UK and £30 for courier delivery overseas.**
- **Therefore replacing three unit certificates and a parchment for delivery to the UK would cost a total of £50 or £70 for delivery overseas.**

Cheques should be made payable to 'NEBOSH'. For security reasons, please do **not** enclose cash. If you wish to pay by card please provide your details below.

Please refer to NEBOSH *"Policy for replacement certificate requests from candidates and accredited course providers", Section 6 for which reasons incur a fee*

Total fee payable

I enclose a cheque made payable to 'NEBOSH'

I authorise NEBOSH to debit my Mastercard/Visa/Delta/Maestro/Solo with the total payable.

Cardholder's name

Card number

Valid from

Expiry date

Issue number (Switch only)

CV2 code (3 digit security code on back of card)

Cardholder signature

Date

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