

## 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@rsph.org.uk](mailto:replacementcertificates@rsph.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. **The fee will not be refundable even if it has not been possible to issue a replacement.**

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**

**Payment can be made by credit/debit card**

**Before submitting your form please call us on 020 7265 7300 to provide your credit card details so that we may take payment. Please enter your payment reference number below. Your booking cannot be processed until payment is made.**

RSPH Payment Reference: \_\_\_\_\_ Date Payment Made: \_\_\_\_\_

**Please note we cannot accept credit card information via email or post due to PCI compliance security standards.**

**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>

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**RSPH USE ONLY**

Proof of ID received: YES  NO

Certificate Issued and Proof of ID Destroyed: Date: \_\_\_\_\_ Administrator Signature: \_\_\_\_\_