



Replacement Certificate Form (RC)

There is a fee payable to iLAP Awarding Body in advance for providing a replacement certificate. Please complete all information marked * and ensure that this form and the original certificate is returned to ILAP Awarding Body.

If the request for a replacement certificate is due to an error in the learner's name or result, the request must come from the ILAP Awarding Body admin contact at the centre where the course of study was undertaken. If the learner has lost the certificate the request can come from the ILAP Awarding Body administration contact or directly from the learner.

Learners – please make sure you attach a copy of your ID i.e. driving licence/birth certificate/passport/NHS card Identity card/valid EU photo ID card or anything similar if the learner is located outside Europe. **Important – new certificates cannot be reissued in another name i.e. if someone changes his/her name. This would be covered by any legal document the individual has confirming the name change.**

* Learner details		* Course and centre details	
Surname		Course title	
First name		Course start date	
Date of birth		Centre contact	
Address		Name and address of centre	
Telephone (daytime):		Centre telephone number	
Email address		Centre email address	
ILAP Awarding Body registration number (if known)		Tutor name	
Address for certificate postage (if different)			
* Certificate and reason for replacement details - please tick (✓)			
Type(s) of certificate	Access to HE	<input type="checkbox"/>	
	ILAP Awarding Body	<input type="checkbox"/>	<input type="checkbox"/>
Reason for request of replacement	Certificate lost or damaged	<input type="checkbox"/>	
	Spelling error	<input type="checkbox"/>	
	Incorrect results	<input type="checkbox"/>	
	Other (please specify)	<input type="checkbox"/>
* Payment details - please tick (✓) your preferred method of payment			
BACS payment	<input type="checkbox"/>	BACS to: account number 54519160 ; sort code: 30-92-59 Lloyds TSB.	
Invoice (providers only)	<input type="checkbox"/>	Please provide ILAP Awarding Body Centre number:	
		Purchase order reference:	
Cheque or postal order	<input type="checkbox"/>	Please find enclosed a cheque or postal order for the sum of (Cheque or postal order should be made payable to ILAP Awarding Body)	
*Signature			
Signature: Print Name Date.....			
For ILAP Awarding Body use only			
£25 received	Initials	Cheque/ BACs/ PO	Date
Passed to Finance	Initials		Date
Certificate issued	Initials		Date
Certificate posted	Initials		Date



Entered on QUARTZ	Initials	Date
Run ID		