| Record Search | RSPH |
|--|--|
| Name of Candidate: | ROYAL SOCIETY FOR PUBLIC HEALTH VISION, VOICE AND PRACTICE |
| Date of Birth:/ Tel No | Completed form to be returned to the following address: |
| Address: | Replacement Certificates Qualifications Department Royal Society for Public Health John Snow House 59 Mansell Street |
| Post code: | London, E1 8AN |
| Email: | Or email the completed form to: replacementcertificates@rsph.org.uk |
| | |
| Centre Name: | |
| Title of qualification: | |
| Date of examination:/Date of issue of original cert | ificate:/ |
| Please provide as much information as you possibly can. The RSPH will not be abunless it is able to verify the original award by reference to its records. If a search receive notification by email. The fee will not be refundable even if it has not be report. | is unsuccessful, you will |
| RSPH requires proof of identity from the candidate before carrying out a record sidentification are required. Acceptable identification documents are copies of dricertificate or a recent utility bill or bank statement. One form of ID must be photo- | ving license, passport, birth |
| In addition, candidates who have changed their name since taking the qualification change, for example, a copy of the marriage certificate, or a copy of deed poll documents. | · · · · · · · · · · · · · · · · · · · |
| We would advise you to password protect documents that are emailed to RSPH to please remember to let RSPH know the password by a secure means other than vocantains the attachment. Alternatively, a hard copy can be sent by a form of Reco | vithin the email that |
| Please state the two types of documentation you have enclosed. | |

Record Search fee (non-refundable) £20

Issue 2 May 2018 Page | 1

| 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 below. Your booking cannot be processed until payment is made. | | |
|--|--|--|
| | | |
| Please note we cannot accept credit card information via er | nail or post due to PCI compliance security standards. | |
| Permission to release results to a third party | | |
| I can confirm that I have to enquire and obtain any records held by the RSPH rela | | |
| Signed Date | // | |
| Privacy Notice | | |
| The Royal Society for Public Health (RSPH) will use y Record search. Our reasons for processing your info Awarding Body. | · | |
| Managing your details includes administering the records. | ord search and maintaining our own accounts and | |
| The information you provide here will be recorded and | held indefinitely on our electronic system. | |
| We will not share your personal information with ar unless we are required to do so by law. | ny other organisation without your prior consent, | |
| For further information on how your information is used information, and your rights to access the information white https://www.rsph.org.uk/privacy-policy | • • | |
| RSPH USE ONLY Proof of ID received: YES NO | | |
| | A durin interest on Cinn at the | |
| Certificate Issued and Proof of ID Destroyed: Date: | Administrator Signature: | |

Issue 2 May 2018 Page | 2