Use for LASER and Trident Awards qualifications.

* **Centres:** Please complete this form in full and upload to the web portal.
* **Learners:** Please complete this form in full and email to [trident@laser-awards.org.uk](mailto:trident@laser-awards.org.uk).

You must include a copy of photographic ID evidence showing correct details if incorrect details have been registered. If a certificate needs to be replaced, the original must also be sent to: Laser Learning Awards, Cobb House, 2-4 Oyster Lane, Byfleet, KT14 6DU, before a replacement can be issued.

* **Lost or damaged certificate replacement** - please complete Part One and Part Two.
* **Incorrect learner details** - please complete Part One and Part Three. (Photographic evidence of the correct details must be submitted, e.g. photocopy of passport or driving licence.)
* **Incorrect learner details and certificate replacement** please complete Part One, Part Two and Part Three.

**Fees** - LASER/Trident Awards will apply a fee(s) for all replacement certificates and/or changes to learner details.   
Additional administration charges may be applicable to centres repeatedly providing incorrect learner details.

**Part One** (complete in all cases)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Centre Details | | | | | | | | | | |
| Centre name: | |  | | | | Centre number: | | | |  |
| Qualification/course title: | |  | | | | | | | | |
| Course run ID: | |  | | | | Course run start date: | | | |  |
| Reason for Request (Tick as applicable) | | | | | | | | | | |
| Incorrect details |  | Certificate damaged | | |  | | Certificate lost | | |  |
| Other: *(give full details)* | |  | | | | | | | | |
| **Declaration**   * I declare that all the information on this form is correct. * I agree to pay the fee for any changes to learner details, as per the LASER/Trident Awards tariff. * If certificate has been issued, I agree to pay the fee for a replacement as per the LASER/Trident Awards tariff. * I agree to return the original certificate unless this has been lost. * If certificate has been lost, I confirm that all reasonable efforts have been made to recover it. | | | | | | | | | | |
| Requested by: (name) | |  | | | | | | | | |
| I am: (tick as applicable) | | A learner |  | Centre staff – state position | |  | | Position: | | |
| Signature: | |  | | | | Date: | | |  | |
| Email address: | |  | | | | Contact number: | | |  | |

**Part Two – Lost or damaged certificate replacement** *(ONLY complete if certificate has been issued but is lost or damaged)*

|  |  |  |
| --- | --- | --- |
| Learner Details *(Use block capitals)* | | Office Use |
| Full name: |  |  |
| Learner ID: |  |
| Date of birth: |  |
| Post code: |  |
| Certificate number  *(if known)*: |  |

**Part Three – Incorrect learner details registered** (ONLY complete if incorrect details have been registered)

|  |  |
| --- | --- |
| Has certificate been issued? | YES |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Original Learner Details Submitted *(Use block capitals)* | | | | | To be changed? | | | | | | Office Use |
| Learner first name(s): |  | | | | Yes | |  | No | |  |  |
| Learner middle name(s): |  | | | | Yes | |  | No | |  |
| Learner surname(s): |  | | | | Yes | |  | No | |  |
| Date of birth: |  | | | | Yes | |  | No | |  |
| Reason for error: |  | | | | | | | | | |
| Correct Learner Details *(Use block capitals. Leave blank if no change from above)* | | | | | | | | | | |
| Learner first name(s): |  | | | | | | | | | |
| Learner middle name(s): |  | | | | | | | | | |
| Learner surname(s): |  | | | | | | | | | |
| Date of birth: |  | | | | | | | | | |
| Photographic ID evidence:  (photocopy/scan only) | Passport |  | Driving licence |  | | Other | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** | Approved? |  | Date: |  | |
| Name: |  | Signature: |  | |
| Comments: |  | | | |
| Position: |  | Date issued: |  | |
| Finance Dept | | | | |
| Incorrect Details: |  | Invoice No.: | |  |
| Incorrect DOB: |  | Amount: | |  |
| Lost Certificate: |  | Invoice Date: | |  |
| Certificate Issued: |  | Date Paid: | |  |