

APPLICATION FORM

Reference Number:

Date of Issue:

To Finance:



Rewarding Learning

Completing Your Application

Please refer to the explanatory notes (obtaining copies of past examinations results/ replacement certificates) when completing this form. You must ensure that you provide two **photocopies** of current I.D (one of which **MUST** be **photographic**) and the appropriate fees.

Applications should be submitted to CCEA in an envelope clearly marked **PRIVATE AND CONFIDENTIAL** and addressed to:

**Results Registry,
Entries, Results & Certification Team,
Council for the Curriculum, Examinations and Assessment (CCEA),
29 Clarendon Road,
Clarendon Dock,
BELFAST,
BT1 3BG.**

OFFICE USE ONLY – CRSOR Stamp

Please select which service you are applying for > Certified Statement of Results Replacement Certificate (if eligible)

Personal Details

Title	Surname	Surname at Time of Exams (if different from previous)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	Date of Birth <input type="text"/>
Current Home Address (Including Postcode)	<input type="text"/>	Contact Phone Number <input type="text"/>
		Email Address <input type="text"/>
Candidate's Signature:	<input type="text"/>	

Does the statement/certificate need to be sent to a third party? Please provide details below:

Third Party Details

Title	Surname	Forename(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Including Postcode)	<input type="text"/>	Candidate's Signature <input type="text"/>

Statement Request 1 *(Please complete a separate statement request for each examination level)*

School/College	Centre Address	Year of Examinations			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Session	Examination Level	Centre Number (if known)		Candidate Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subjects Taken					
<input type="text"/>					

Statement Request 2 *(Please complete a separate statement request for each examination level)*

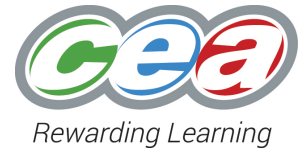
School/College	Centre Address	Year of Examinations			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Session	Examination Level	Centre Number (if known)		Candidate Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subjects Taken					
<input type="text"/>					

Statement Request 3 *(Please complete a separate statement request for each examination level)*

School/College	Centre Address	Year of Examinations			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Session	Examination Level	Centre Number (if known)		Candidate Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subjects Taken					
<input type="text"/>					

Statement Request 4 *(Please complete a separate statement request for each examination level)*

School/College	Centre Address	Year of Examinations			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Session	Examination Level	Centre Number (if known)		Candidate Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subjects Taken					
<input type="text"/>					

Checklist

Applications **will not** be processed until we have received all the relevant information.

Please ensure you have:

Checked with your school or college to confirm that CCEA (Northern Ireland) was the awarding body used for your examination results

Completed all relevant sections of the application

Enclosed the correct payment

Enclosed 2 photocopies of identification
(One of which **must** be photographic.
See explanatory notes for details)

Incomplete applications may be returned or delayed

Completed forms, fees and ID should be forwarded to:

Results Registry,

Entries, Results and Certification Team,
Council for the Curriculum, Examinations and Assessment (CCEA),
29 Clarendon Road,
Clarendon Dock,
Belfast,
BT1 3BG

For enquiries please ring:

Tel: (028) 9026 1200 **Ext:** 2412

Fax: (028) 9026 1289

PRIVACY NOTICE

We will only use the personal information you provide to process your request for information. Signing this form will confirm your consent to the processing of this information. We will not share your personal information with any third party without your consent or unless we are required to do so by law or to prevent fraud.

Please allow up to **ten working days** to process your Application Form.