

Request for Report – Evaluation of Qualification(s)

DBD.EQD.P01.F09

Issue No.: 01

Personal Details

First name (In Full)			
Surname			
Maiden name (if applicable)			
<i>NOTE: If your name has changed, copies of documentation to support the change is required.</i>			
National Identity Number or Passport Number <i>(Please attach a valid certified copy of ID)</i>			
Trainer/ Assessor Number			
Evaluation of Qualification Type <i>Tick appropriate type</i>	Local Qualification		External Qualification

- **If your qualifications were obtained from China please attach a valid verification report**

Contact Details

Email	
Phone Numbers (+ Mobile)	
Mailing Address	

Evaluation results will be made available only by mail or personal collection according to the client's instruction.

I wish to receive the evaluation results by <i>(Please tick one box)</i>	Post		Personal collection	
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Declaration and Consent

<ul style="list-style-type: none"> ▪ I certify that the information provided in this Request Form is true and accurate. ▪ I understand that the evaluation outcome is based on the information availed to BQA by myself and the awarding body or bodies at the time of the evaluation. ▪ I consent to BQA to contact third parties with regard to the evaluation of my qualification(s). N.B BQA reserves the right to share information about you with appropriate institutions for prosecution in the event that documents submitted are forged, altered or falsified. 				
Name in Print:		Signature		Date

Note that the Authority will issue the report only for the qualification that was evaluated at the time the applicant was registered as a Trainer/ Assessor not necessarily for all the qualifications that were submitted.



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Date: _____

Applicant Signature: _____

For BQA Use

Customer Service Division

Received by: _____ Date: _____ Signature: _____

Date Submitted to Records: _____

Records Management

Received by: _____ Date: _____ Signature: _____

Clients Individual ID: _____ Date Submitted to EQD: _____