

**Request for refund of examination registration fee due to illness, bereavement jury service or armed forces posting – learner request *(form RR1)***

Please consult the [NEBOSH Refunds Policy](https://www.nebosh.org.uk/policies-and-procedures/refunds-policy-and-procedure/) before completing this form. Use one form per qualification and ***all*** sections of the form must be completed. Incomplete forms or forms without relevant supporting evidence will ***not*** be processed and returned to sender.

**PLEASE TYPE or WRITE CLEARLY IN BLOCK CAPITALS**

# SECTION A – LEARNER DETAILS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Learner number |  | | | | | | | |  |
| First (given) name/s |  | | | | | | | | |
| Surname (family name) |  | | | | | | | | |
| Date of birth |  |  | **/** |  |  | **/** |  |  |  |
|  | D | D | **/** | M | M | **/** | Y | Y |  |

Address details (please insert the address which was entered on the registration form):

|  |  |
| --- | --- |
| House/flat number (if applicable) |  |
| House/building name (if applicable) |  |
| Street/road name |  |
| District (if applicable) |  |
| Town/city |  |
| County |  |
| Country |  |
| Postcode/ZIP number |  |
| Daytime telephone (including dialling codes) |  |

If the above address is your employer's, or you have moved since registering for the examination(s), please provide your home address below (the refund cheque will be sent to this address).

|  |  |
| --- | --- |
| House/flat number (if applicable) |  |
| House/building name (if applicable) |  |
| Street/road name |  |
| District (if applicable) |  |
| Town/city |  |
| County |  |
| Country |  |
| Postcode/ZIP number |  |
| Daytime telephone (including dialling codes) |  |
| Email address (for confirmation of processing card payments) |  |

# SECTION B – LEARNING PARTNER/EXAMINATION VENUE DETAILS

|  |  |
| --- | --- |
| Name of Learning Partner |  |
| Learning Partner number |  |
| Examination venue (if applicable) |  |

# SECTION C – EXAMINATION DETAILS

|  |  |
| --- | --- |
| Qualification name (eg NG) |  |

State unit(s) for which you were registered (eg NG1, NG2)

|  |  |  |
| --- | --- | --- |
|  | Unit 1 |  |
|  | Unit 2 |  |
|  | Unit 3 |  |
| Examination date(s) |  | |

# SECTION D – REASON FOR REFUND REQUEST

I was unable to sit the above examination(s) due to the following reason (please  one option)

|  |  |  |  |
| --- | --- | --- | --- |
| Illness (you) |  | Please attach current relevant medical evidence. | |
| Illness (family member) |  | Please attach current relevant medical evidence. | |
| Bereavement |  | Please state relationship to you. |  |
| Jury service |  | Please attach evidence. | |
| Armed forces posting |  |  | |

# SECTION E – REFUND DETAILS

Refunds will be made directly to the payee of the original registration fee, irrespective of the person claiming the refund.

# SECTION F – TERMS AND CONDITIONS / DATA PROTECTION / DECLARATION

NEBOSH will process your data in accordance with the principles of the General Data Protection Regulation.

Please sign below to confirm your acceptance for NEBOSH to process the data. For more information on how we process your personal data please click [here](https://www.nebosh.org.uk/privacy-policy/) or visit [www.nebosh.org.uk](http://www.nebosh.org.uk) to read our Privacy Policy.

1. I have read the NEBOSH [Refunds Policy](https://www.nebosh.org.uk/policies-and-procedures/refunds-policy-and-procedure/) and understand it;
2. I have supplied information which is accurate to the best of my knowledge;
3. I understand that the refund will be made to the payee of the original registration fee.

The information and data provided in this form will be held electronically and manually by NEBOSH in accordance with the General Data Protection Regulation The personal data will only be used to:

* process your payment;
* update NEBOSH internal databases.

I confirm that I have read, understood and agree to abide by the regulations set out in the NEBOSH refunds policy.

|  |  |
| --- | --- |
|  |  |

Signature Date

## APPLICATION NOTES:

1. All sections of this form must be completed in full (unless otherwise noted within the form).
2. The request for a refund ***must*** be submitted on this form within 20 (twenty) days of the examination date(s).
3. If the box at the bottom of page 1 is not completed confirmation of processing will not be sent.
4. Completed forms to be sent via our [contact us form](https://www.nebosh.org.uk/useful-links/contact-us/), or posted to: Refunds Section, NEBOSH, Dominus Way, Meridian Business Park, Leicester LE19 1QW.