Qualification Verification Request (QVR)

SECTION A

To be completed by verification company

Verification company name	
Email address	
Name of responsible person at verification company	
Name of person being verified	
Title of qualification(s) to be verified	
Membership status and grade to be verified?	YES ◯ NO ◯

Please then send this document to the person that you are requesting the verification for. *We will require their consent directly to release any information.*

SECTION B

To be completed by the candidate:

Please complete the following statement in relation to the verification request from the above

I give ◯   do not give ◯ consent for CIPD to release the above information to

[please enter the name of the verification company]

Please provide us with the following information to confirm your details on our database (*required

Full name*	
Previous name *(if applicable)*	
CIPD membership number*	
Date of birth*	
Email address	

Please then password protect this document and email to verifications@cipd.co.uk

Please send a follow-up email with the relevant password to open the document *(please do not send the password in the same email as the file for data protection)*

How to encrypt a PDF: Open the **PDF** and choose Tools > Protect > **Encrypt**> **Encrypt** with password.

Upon receipt of the completed form from the candidate, we will verify the qualification with the verification company who has made the request.

We aim to process your request within 10 working days. If you have any questions in relation to this form, please contact our Customer service team on **+44 (0)208 612 6208.**