

**ASDAN**
The National Youth Agency

Certificate Request Form

Act by Right

Please read the guidance on the reverse of this form

Centre Name:		Record of Achievement						
		Activities completed	Evidence log	Review of learning	<i>Act by Right</i> Charter	Signed and dated by learner	Signed and dated by worker	Initials of Assessor
Address for certificates:								
Postcode:								
Course Coordinator:								
Candidate Names: Please PRINT clearly								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

I confirm that:

1. all of the above named candidates have fully completed the requirements for the *Act by Right* Award as indicated.
2. all evidence logs have been internally checked.
3. our centre understands that ASDAN reserves the right to sample candidate files.

Signature of *Act by Right* Coordinator:

..... Please PRINT name:

Verifying Signature:

..... Please PRINT name:

ASDAN
Central
Office
Use

Act By Right