

SECTION A - Your Details - please complete this section

A1 Your details:

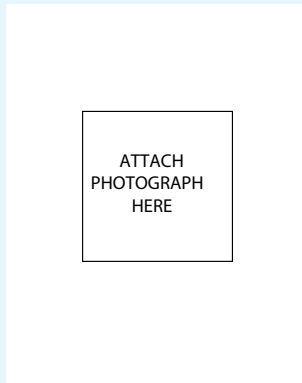
Title

Surname

Forename

Home Address

Postcode



CSCS Registration No.

National Insurance No.

Date of Birth - -

Home/Work Telephone Number

Mobile Number

E-mail address:

A2 I confirm that I meet: current CSCS Health & Safety requirements yes (We do not require a copy of your Health and Safety Test pass letter as this is stored on our database).

A3 Send my card to: my home address The company address in section C1
 a different address, which is: Postcode

A4 I confirm to the best of my knowledge the information above is correct and I agree to comply with the CSCS Scheme rules as laid out in the CSCS Scheme booklet. I understand and agree that the information on this form will be used by ConstructionSkills for the purposes of administering the CSCS Scheme, this may include passing on information to Employers or Training Providers and for this purpose, your data may be entered onto a secure database accessible via a website.
 Please note that all application fees are non-refundable. If your application is incomplete you will be given 90 days to resolve any issues. Any applications returned after 90 days will be subject to an additional £30.00 non-refundable application fee.
 We may contact you by mail, telephone or e-mail to let you know about other goods or services or promotions which may be of interest to you. Please tick this box if you wish to receive such information from us.

Your signature: Date: - - Please send VAT receipt

SECTION B - Occupation & Card Details - please complete this section

CSCS Occupation Title:

Your occupation must be one as listed on the CSCS website: www.cscs.uk.com/occs as titles vary e.g. The CSCS occupation title for a groundworker is a General Construction Operative
 Please tick one box from section 1 and one box from section 2 N.B - Don't forget to attach any necessary evidence - see overleaf.

1. Card Type

Duplicate New Renewal

2. Cards

Industry Accreditation Professional Membership Route N/SVQ level 3, 4 or 5
 Trainee Experienced Technical, Supervisor or Manager Graduate Profiled
(Temporary Card - see reverse)

SECTION C - Employer Declarations

Signature 1 - All card types require this declaration to be completed. See Section D overleaf for who needs to sign and details of any evidence requirements.

PLEASE ENSURE THIS BOX IS FULLY COMPLETED (The applicant cannot complete this section)

By completing and signing the declaration below, I certify that:

- The applicant meets the requirements for the CSCS card they are applying for
- The applicant has been known to me for years.
- The applicant has had at least one year's on-site experience or other experience appropriate to the occupation, in the last 3 after initial training.

Employer name:

Address:

Postcode:

Date:

Signature:

Print name:

Telephone number:

Levy Registration Number (if known):

Please do not forget to complete page 2 of this application



SECTION C - Employer Declarations (cont.)

Signature 2 - See Section D for which card types require this declaration to be completed and who should sign it. **PLEASE ENSURE THIS BOX IS FULLY COMPLETED. THIS MUST BE A DIFFERENT SIGNATORY TO THE PERSON COMPLETING SIGNATURE 1. (The applicant cannot complete this section).**

By completing and signing the declaration below, I certify that:

- The applicant meets the requirements for the CSCS card they are applying for
- I have verified the applicant's professional development record (Professional Membership Route)
- The applicant has had at least one year's on-site experience or other experience appropriate to the occupation, in the last 3 after initial training.

Employer name:

Address:

Signature:

Print name:

Postcode

Telephone number:

Date

Levy Registration Number (if known):

For Professional Membership Route only:

Professional Title/Designation e.g. MCIOB

Professional Body Registration Number

Section D - Signature and Evidence requirements**Signature 1**

Your current employer or immediate line manager must complete signature 1. If you are self-employed this should be completed by your main contractor. The applicant must not sign.

Renewals - no other proof is required.

S/NVQ route - a photocopy of your S/NVQ certificate at level 3, 4 or 5

Trainee route - proof of registration onto an S/NVQ or another further / higher education construction related qualification.

Industry Accreditation route - your employer must read the industry accreditation competences for this card, before signing the declaration.

These can be found at www.cscs.uk.com. Signature 2 must also be completed - see signature 2 for details of who needs to sign. If the competences for your occupation ask you to select a number of options from the list provided you must enclose a copy of the competences, with the relevant number of options selected to support your application.

Experienced Technical Supervisor or Manager - you must provide proof of S/NVQ registration and profiling at an S/NVQ accredited centre. The S/NVQ should be achieved within the life of the card.

Professional membership route - a photocopy of your membership certificate and membership number. An appropriately qualified member of equivalent or higher grade within the same professional body as yourself can also complete signature 1 - signature 2 must also be completed (see signature 2 below for details of who needs to sign).

Signature 2

The applicant must not sign this, if you are applying through the:

Industry Accreditation route - must be completed by either a second person working within the same firm as signatory 1 or a person with professional institutional membership status e.g. MCIOB, FICE etc, working within the industry, having first read the industry accreditation competences for this card, before signing the declarations. These can be found at www.cscs.uk.com.

Professional membership route - must be completed by an appropriately qualified member of equivalent or higher grade within the same professional body as yourself. This second person, prior to signing the declaration must check your professional development record.

Section E - Check list for returning application forms

IF YOU HAVE NOT ALREADY DONE SO RING 0844 576 8777 TO FIND OUT HOW YOU CAN GET A FASTER SERVICE.

Quick Check List

Before returning your application please ensure that you have:

Completed Section A with your details, attached a photograph and signed and dated the form.	
Indicated your occupation and which card type you require in Section B.	
Ensured the relevant declarations are completed in Section C.	
Included any copy evidence as detailed in Section D.	
Payment - either <ul style="list-style-type: none"> • Enclosed payment of £30.00 by cheque or postal order - cheques should be made payable to ConstructionSkills or • If you have pre-paid for your application form enter the authorisation code you were given (see box in top right hand corner of front of this form.) 	
Send form to CSCS PO Box 114, Bircham Newton, King's Lynn, Norfolk, PE31 6XD	