

Please complete all sections in full, see reverse of application (page 2) for guidance. Incomplete applications may be returned to the applicant.

SECTION A: Your Details - please complete this section			РНОТО			
A1: Your Details Title: Surname (family name):			We will use the photo taken at your Health, Safety & Environment Test if passed within the last 2 years.		CSCS Registration No. (if known):	
			If you are exempt from the	e test vou		
Forename (given name):	Date of Birth:		will need to attach a current passport		National Insurance Number:	
			style photo.			
Home Address:			Visit <u>www.cscs.uk.com/te</u>	_	Home/Work Telephone Number:	
			for the Health & Safety re	quirements.		
	Email address:				Mobile Number:	
	Enidii audress.				Nobile Number.	
	Postcode:					
A2: Health & Safety		Α4	A4: Confirmation			
I confirm that I meet: current CSCS Health & Safety requirements.			I confirm to the best of my knowledge the information I am providing is true, correct and accurate in all respects. I agree to comply with the Terms and Conditions of the scheme and all applicable rules relating to CSCS cards as laid out in the CSCS Scheme Requirements and as may be amended from time to time. For a full list of the Terms and Conditions and copy of the CSCS Scheme Requirements visit <u>www.cscs.uk.com/terms</u> .			
(We do not require a copy of your Health, safety and environment test pass letter see reverse for information).						
my home address						
		Your signature:				
			Date:			
			Please send If you or your employer require a VAT receipt enter email address:			
Postcode:		VAT receipt				
SECTION B - Occupation & Card Details - please complete this section						
Your occupation title:			B1: Card type (See section C for Evidence Requirements) (tick only one)			
			New	Renewal	Duplicate	
Your occupation must be one as listed on the CSCS website: <u>www.cscs.uk.com/occupation</u> s as titles vary			Note: Don't forget to attach any necessary evidence - see overleaf.			
B2: Cards						
Industry Accreditation N/SVQ level 3, 4, 5, 6 or 7 Trainee (Renewals only)			Experienced Technical, Supervisor or Manager (Temporary Card - see reverse) (AQP)			
			Manager (Temporary Card - see reverse) (AQP)			
Assessed Route						
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Fair Processing Notice: The information you provide to us will be used for administering the CSCS Scheme and for purposes connected with our role as an Industrial Training Board in accordance with the Industrial Training Act 1982. Your data will be held securely and treated confidentially and will not be disclosed to external parties other than as required for the purposes described above, which may include sharing your information on a construction training register as well as with employers, awarding organisations or training providers. For information explaining your legal rights and how we use your information, please view our Privacy Notice online <u>www.cscs.uk.com/privacy-cookies</u>.

Once you have completed both sides of the form please post to: CSCS, PO Box 114, Bircham Newton , King's Lynn, Norfolk , PE31 6XD

## **Evidence Required:**

Renewals - no other proof is required.\*

NVQ or SVQ route - a photocopy of your construction related NVQ or SVQ certificate at level 3, 4, 5, 6, or 7.\*

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

**Experienced Technical Supervisor or Manager** - you must provide evidence of your NVQ or SVQ registration from the relevant awarding organisation. The NVQ or SVQ should be achieved within the life of the card.\*

Academically Qualified Person (AQP) - a copy of your Construction related Degree, HND or HNC, please visit <u>www.cscs.uk.com/aqp</u> for a full list of acceptable qualifications.\* \*Important Notes: The CITB Health, safety and environment test must have been passed at the appropriate level within 2 years of making your application. Confirmation of this test will be stored on the CITB database. If you do not know the level of test you require visit our website at <u>www.cscs.uk.com/occupations</u> or call 0344 994 4777 to find out the level of test required. Further information on the Health and Safety requirements can be found at <u>www.cscs.uk.com/test</u>

### SECTION D - You can also apply via paperless application calling CSCS on 0344 99 44 777

If you are an employer please use the employer application form

### 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.

Included any copy evidence as detailed in Section C.

Included any extra information required to complete your application.

# Payment - (Please DO NOT send cash) Either

Enclosed payment of £36.00 by cheque (cheques should be made payable to CITB) or

If you have pre-paid for your application form enter the authorisation code you were given when you made payment (see box in top right hand corner of page 1)

### Finally, print off, sign and post your completed form to:

### CSCS, PO Box 114 Bircham Newton , King's Lynn Norfolk , PE31 6XD

Please note: Only original signatures will be accepted, photocopy or per pro (pp) signatures will NOT be accepted.

