

To be completed by the applicant and supported by an independent declaration. Please complete this form in BLOCK CAPITALS using a BLACK or BLUE ballpoint pen. Please ensure the form is completed correctly to prevent it being returned.

### SECTION A

### Applicant Details

**A1** Title

Surname

Forename

Home Address

Postcode

E-mail

CPCS Card No.

(if applicable)

Date of Birth  -  -

D D M M Y Y Y Y

National Insurance No.

Telephone Number

**A2** I confirm that to the best of my knowledge the information above is correct. I accept this personal data will be held and used in accordance with the CPCS Fair Processing Policy set out in the Scheme Booklet for Operators.

In signing this form I agree to comply with the terms and conditions set out in the CPCS Scheme Booklet.

Applicant signature  Date  -  -

D D M M Y Y Y Y

CITB may contact you to provide you with information on our other products, services and activities, and those of selected third party organisations, that we think may be relevant and useful to you.

If you agree to be contacted for these purposes by **telephone or email**, please tick this box  If you **DO NOT** want to receive such information by **mail**, please tick this box

### SECTION B

### Other Qualifications

B1 CITB Health, safety and environment test passed within 2 years of the date of application receipt  To book a test contact the booking line on **0344 994 4488**

### SECTION C

### CPCS Category (ies)

Category Code and Endorsement	SVQ/NVQ*	Category Code and Endorsement	SVQ/NVQ*	Category Code and Endorsement	SVQ/NVQ*
A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>
A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>
A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>	A <input type="text"/>	<input type="text"/>

\*Please tick and attach copies of relevant certificates

### SECTION D

### Mailing Address

Please enter below where you would like the card to be sent: Applicant as in Section A1  Other (as below)

Company name (if applicable)

Address:

Postcode

### SECTION E

### Independent Declaration

I certify that the details on this application are correct to the best of my knowledge for the applicant detailed above.

Job role: SVQ/NVQ Assessor / Employer (delete as applicable) \*Please complete if SVQ/NVQ Assessor

CPCS No.  \*Centre Role

Name

Signature

Centre or Employer Name

Date  -  -

\*Centre Number

D D M M Y Y Y Y

### SECTION F

### Grant

Grant may be payable when adding categories to a blue **competent Operator Card**, if the Employer intends to claim a grant please ensure ALL the following boxes are completed: CITB Levy Grant Registration Number (7 digits):

Employer Name:  Employer Postcode:

### SECTION G

### Payment

Please notify how you wish to pay the £25.00 card application fee, if paying by **Cheque** make payable to 'CITB' and if you require a receipt please tick this box

**Existing Credit Account:** please complete the information below to enable the invoice to be raised.

Credit Account Ref.  Purchase Order Number or other Invoice Reference (optional)

Company Name  Postcode

Invoice Address

\* Authorisation code for payments made via the CPCS Helpline

# APPLICATION TO UPGRADE TO A FULL CPCS COMPETENT OPERATOR CARD

This application form is appropriate for individuals applying to convert their red Trained Operator card to a blue Competent Operator card on achievement of the appropriate SVQ/NVQ qualification, with the relevant units, to support the categories requested.

## SECTION H Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by the SVQ/NVQ Assessor or employer representative.
2. It is the responsibility of the applicant to ensure that all CPCS requirements for the application as set out in the Scheme Booklet for Operators are adhered to, including:
  - a) the applicant's stated details are correct,
  - b) the applicant has a CITB Health, safety & environment test passed within 2 years of the date of application receipt, and
  - c) the applicant holds a red Trained Operator card.
3. Application forms are subject to audit checks in accordance with CPCS requirements. Application forms, which are incorrect or not found to meet the requirements, will be returned.

## SECTION I Completion Requirements

**Section A:** Complete Section A with full details. *Note: We will use the photo that would of been captured at the time of your passing the HS&E Test on the CPCS Competent Operator Card issued.*

**Section B:** Confirm passed, but there is no need to attach evidence of the CITB Health, safety & environment (HS&E) test pass as this can be independently validated. To book a Health, safety & environment test contact the booking line on **0344 994 4488**.

**Section C:** Enter the appropriate category code(s) being applied for, and confirm achievement of the appropriate qualification with the relevant units and attach a copy of the certificate.

**Please note:** CPCS has an agreement with Cskills Awards which means that certificates need not be attached as achievement can be independently validated. Please write CSA into the SVQ/NVQ box.

Current category codes and SVQ/NVQ requirements can be found on the CITB website at [www.citb.co.uk/cpcs](http://www.citb.co.uk/cpcs). If there is insufficient space to list all categories required, please continue onto another application form completing Sections A (with the exception of the photograph), C and E as it must have an independent validation.

**Section D:** It should be noted that if a mailing address is not provided the card will be sent to the applicant's home address as provided in Section A1.

**Section E:** The Independent Declaration of the applicant's identity must be completed by either:

- the SVQ/NVQ Assessor who delivered the SVQ/NVQ Assessment with the SVQ/NVQ Centre's details completed, or
- an employer representative having appropriate line management responsibility

**Section F:** This section requires completion if the Employer intends to claim grant for the issue of a blue **Competent Operator Card**.

**Please note:** All boxes MUST be completed, if they have not ALL been completed then the Employer will have to make a claim for a grant manually.

**Section G: Payment must be included with this application. However, please do not send cash.** If you have paid by Credit/Debit card via the CPCS Helpline please enter your authorisation code in Section G on the front\* of the application.

This is a non-refundable fee for the service of processing the application.

**General:** Please return the completed form and copies of any relevant certificates to:

**CPCS, PO BOX 320, Bircham Newton, Kings Lynn, Norfolk PE31 6WD**

Forms will be returned to the address detailed in Section D, if the correct payment/invoicing information is not attached.

If you require help completing this form please contact CPCS on: **0844 815 7274**

On receipt of this application it will usually take 15 working days to produce the card, providing all registration conditions have been met.