



CSCS SMARTCARD APPLICATION FORM

For Technical, Supervisory and Management Occupations

Authorisation code
(See reverse of form for use)

SECTION A - Your Details - please complete this section

A1 Your details:

Title

Surname

Family name

Forename

Given name

Home Address

Postcode

E-mail address:

PHOTO

You must attach a passport style photograph if you have not passed the CITB Health, safety and environment test within the last 2 years, visit www.cscs.uk.com/test for the Health and Safety requirements

CSCS Registration No. (if known)

National Insurance No.

Date of Birth

Home/Work Telephone Number

Mobile Number

We may contact you on the numbers above if there is a query with your application

A2 I confirm that I meet: current CSCS Health & Safety requirements *(We do not require a copy of your Health, safety and environment test pass letter, see reverse for more information).*

A3 Send my card to: my home address The company address in section C 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 CITB 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/occupations 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 N/SVQ level 3, 4, 5, 6 or 7

Trainee Experienced Technical, Supervisor or Manager Academically Qualified Person (AQP)

(Temporary Card - see reverse)

SECTION C - Declaration - This Section is NOT mandatory, if a VAT receipt is required please provide email address

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 (not applicable for Trainee).

Employer name (if applicable):

Address:

Postcode

Date

Email Address (for VAT receipt):

Signature:

Print name:

Telephone number:

CSCS Registration Number (if applicable):

Section D - Evidence requirements

Evidence Required

Renewals - no other proof is required.*

NVQ or SVQ route - a photocopy of your 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 proof of NVQ or SVQ registration and profiling at an NVQ or SVQ accredited centre. 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 www.cscs.uk.com/aqp for a full list of acceptable qualifications.*

*The CITB Health, safety and environment test at the appropriate level must have been passed within 2 years of making your application. Confirmation of this test will be stored on the CITB database.

Visit www.cscs.uk.com/occupations or call **0344 994 4777** to find out the level of test required.

Section E - Check list for returning application forms

IF YOU HAVE NOT ALREADY DONE SO RING 0344 994 4777 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.	
Included any copy evidence as detailed in Section D.	
Payment - either <ul style="list-style-type: none">• Enclosed payment of £30.00 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 (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	

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