



# CSCS SMARTCARD APPLICATION FORM

For Professionally Qualified Persons

|                               |
|-------------------------------|
| Authorisation code            |
| (See reverse of form for use) |

**SECTION A - you, the applicant, must complete this section. Fill in any blank areas and tick the correct boxes using black ink. Please keep within the white boxes.**

**A1 Your details:**

Title

Surname  
Family name

Forename  
Given name

Home  
Address

Postcode

**PHOTO**

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

CSCS Registration No. (if known)

National Insurance No.

Date of Birth  -  -   
DD MM YYYY

Home/Work Telephone Number

Mobile Number

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

E-mail address:

Professional Institution/  
Membership Grade

Professional Institution Reg. No.

**A2 Current Job Title**

**A3 I confirm that I meet:** current CSCS Health & Safety requirements  yes  no *\*(We do not require a copy of your Health, safety and environment test pass letter, see reverse for more information).*

**A4 Send my card to:** my home address  address in section B   
a different address, which is:   
Postcode

**A5 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 and CSCS Ltd 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.

**A6 Card Type Required**  Duplicate  New  Renewal

**A7 I am the applicant** and I confirm that the details in section A of this form, are to the best of my knowledge, correct and in line with the Scheme rules.

Your signature:

Date:  -  -   
DD MM YYYY

Please send a VAT receipt

**SECTION B - This section needs to be completed by a current member of the applicant's Professional Institution, whose membership is equal to, or higher than the applicant's above. The applicant must not sign this section.**

**B1 I confirm that** the applicant meets the Scheme requirements listed at points 1 - 3 on the reverse of the form.

|  |  |
|--|--|
| E-mail address: <input type="text"/>       | @ <input type="text"/>   |
| Company Name Address: <input type="text"/> | Print forename: <input type="text"/>   |
| <input type="text"/>                       | Print surname: <input type="text"/>  |
| <input type="text"/>                       | Professional Institution <input type="text"/>  |
| Postcode <input type="text"/>              | Membership Grade <input type="text"/>  |
| Telephone: <input type="text"/>            | Professional Institution Reg. No. <input type="text"/>   |
| Signature: <input type="text"/>            | Date <input type="text"/> - <input type="text"/> - <input type="text"/><br><small>DD MM YYYY</small> |

## Important Notes

This form is in two sections. Please read these notes carefully to ensure that the form is not rejected.

### **Section A must be completed by the applicant.**

Please fully complete section A1, including your Professional Institution Membership Grade and membership number. A list of acceptable institutions and competence-assessed membership grades can be found on the CSCS website [www.cscs.uk.com](http://www.cscs.uk.com) (For those who are members of the Architects Registration Board (ARB), please insert your ARB number.) A copy of your membership certificate/card should be enclosed with your application.

\*The CITB Managerial and Professional (MAP) Health, safety and environment test must have been passed within 2 years of making your application. Confirmation of this test will be stored on the CITB database. If you are applying for the Trainee Technical, Supervisory or Manager card the Operative level Health, safety and environment test passed within the last 2 years is acceptable.

Section A2 - Please insert your Job Title (PLEASE NOTE THIS WILL NOT BE SHOWN ON YOUR CARD).

### **Section B must be completed by a verifier.**

The Verifier confirms that the applicant:

- 1 Is a member of an approved professional institution whose membership is at an eligible competence-assessed grade.
- 2 Has taken the CITB Managerial and Professional (MAP) Health, safety and environment test. (or Operative level if applying for the Trainee Technical, Supervisory or Manager card)
- 3 Has continuing professional development records for the last two years relevant to the job title listed overleaf.

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

Before sending your form please check that it has been fully completed. Your form will be sent back if it has not been properly filled in.

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**IF YOU HAVE NOT ALREADY DONE SO RING 0344 994 4777 TO FIND OUT HOW YOU CAN GET A FASTER SERVICE.**

Payment - either:

- 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*)

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