



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

We will use the photo taken at your Health, Safety & Environment Test if passed within the last 2 years. If you are exempt from the test you will need to attach a current passport style photo. Visit www.cscs.uk.com/test for the Health & 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 using the contact details provided 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 **(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 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 www.cscs.uk.com/terms.

All application fees are non-refundable and non-transferable. If your application is incomplete or unacceptable 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 fee.

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.

A8 I have enclosed a copy of either my current membership card, certificate, letter confirming I am a current member or a receipt for payment for renewed membership

Your signature:

Date: - -

Please send a VAT receipt

SECTION B - 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 card they are applying for.

Employer name (if applicable): <input type="text"/>	Signature: <input type="text"/>
Address: <input type="text"/>	Print name: <input type="text"/>
Postcode <input type="text"/>	Telephone number: <input type="text"/>
Date <input type="text"/>	CSCS Registration Number (if applicable): <input type="text"/>
Email address (for VAT receipt): <input type="text"/>	

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 (For those who are members of the Architects Registration Board (ARB), please insert your ARB number.)

You must ensure a copy of either your current membership certificate, card, letter from your Professional Body or receipt for payment for renewed membership is 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 - This section is not mandatory.

If you require a VAT receipt please ensure you enter your email address

Before sending your form please check that it has been fully completed and a copy of either your membership card, certificate, letter from the Professional Body or receipt of payment for renewed membership is enclosed. Your form will be sent back if it has not been properly filled in and evidence of current membership is not enclosed.

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

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