

CSCS SMARTCARD APPLICATION FORM

For Profiled route

Office	e Use	Only	

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Postcode Email address: A2 I confirm that I meet: current CSCS Health & Safety requirements A3 Send my card to: my home address The company address in section C a different address, which is: Postcode Email address: A3 Lonfirm 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 rules as laid out in the CSCS Scheme place, you will be subject to an additional 2504 by VAT non-refundable 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 2505 by VAT 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 form us. Your signature: Date: Date: Please endet the occupation & Card Datalis - please complete this section Occupation Please include a copy of your Prefiled report and sign off sheet to avoid your application being returned. SECTION 8 - Occupation & Card Datalis - please complete this section Occupation Please include a copy of your Prefiled report and sign off sheet to avoid your application being returned. SECTION 6 - Cerebrating - being the site manager or site supervisor of the principal commercial contractor. This route is NOT open to any other occupations covered by the CSCS Black Managers Card or CSCS Gold Supervisor Card. Card Type New Renewal Duplicate Please include a copy of your Prefiled report and sign off sheet to avoid your application being returned. SECTION 6 - Employer Declaration - a current or previous employer must complete this section Employer name: Address: Signature: Signature: Print name: Print name: Print na	Title		Г		National Insurance No.
Forename Home Postcode Post					
Here with due. Postcode E-mail address. A2 I confirm that I meet: current CSCS Health & Safety requirements postcode E-mail address. 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 Lagree 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 QTIS and CSCS List 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 E250 + VAT 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: Date: Please select the occupation & Card Details - please complete this section Cocupation Please Note: Contracting Residential Site Supervisor Card. Construction Site Supervisor - Contracting Residential Site Supervisor Card. Card Type New Renewal Duplicate Please include a copy of your Profiled report and sign off sheet to avoid your application being returned. SECTION 6 - Employer Declaration - a current or previous employer must complete this section Employer name: Address: Signature: Print name:	_ *				Date of Birth
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A2 I confirm that I meet: current CSCS Health & Safety requirements 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. For 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. For the correct and the information on this form will be used by CITB and CSCS Lid 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 2520 + VAT 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. Please select the occupation & Card Details - please complete this section Occupation Please select the occupation see a paplying for: Construction Site Manager - Contracting Residential Site Supervisor Construction Site Manager - Contracting Residential Site Manager Please Note: Contracting - being the site manager or site supervisor of the principal commercial contractor. This route is NOT open to any other occupations covered by the CSCS Black Managers Card or CSCS Gold Supervisor Card. Card Type New Renewal Duplicate Please include a copy of your Profiled report and sign off sheet to avoid your application being returned. SECTION C - Employer Declaration - a cu					
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 and CSCS LId 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 £250 + VAT 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 lick this box if you wish to receive such information from us. **Your signature:** Date: Date: Date: Date: Date: Please select the occupation & Card Details - please complete this section Occupation Please select the occupation you are applying for: Construction Site Manager - Contracting Residential Site Supervisor Construction Site Manager - Contracting Residential Site Manager Please Note: Contracting - being the site manager or site supervisor of the principal commercial contractor. This route is NOT open to any other occupations covered by the CSCS Black Managers Card or CSCS Gold Supervisor Card. Card Type New Renewal Duplicate Please include a copy of your Profiled report and sign off sheet to avoid your application being returned. **SECTION C - Employer Declaration - a current or previous employer must complete this section By completing and signing the declaration below, I certify that: The applicant meets the requirements for the CSCS and they are applying for (www.cscs.uk.com) The applicant has been profil	A2 I confirm t	hat I meet: current CSCS Hea	alth & Safety requirements		
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Postcode Telephone number:	Address:		Signature:		
Postcode Telephone number:					
			Print name:		
		Postcode	Telephone n	umber:	
	Date);

Send form to CSCS Ltd, 3rd Floor, The Building Centre, 26 Store Street, London, WC1E 7BT

Please see reverse of form for further information on your application.

Section D - Card requirements

Details of evidence required:

A copy of your Profiled report and sign off sheet must be supplied with the application along with a copy of the applicants Curriculum Vitae (CV).

Health and Safety requirements:

Construction Site Supervisor - Contracting

You must have passed the Supervisor CITB Health, safety and environment test within 2 years of making your application.

Construction Site Manager - Contracting

You must have passed the Managerial and Professional (MAP) CITB Health, safety and environment test within 2 years of making your application.

Residential Site Supervisor

You must have passed the Supervisor CITB Health, safety and environment test within 2 years of making your application.

Residential Site Manager

You must have passed the Managerial and Professional (MAP) CITB Health, safety and environment test within 2 years of making your application.

Further information on the Profiled Route is available at www.cscs.uk.com/profiledroute

Section E - Check list for returning application forms

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.						
Ensure your employer has completed Section C.						
Ensure a copy of the applicants Curriculum Vitae (CV) is enclosed.						
Included any extra information required to complete your application.						
Payment method accepted via Bank Transfer (BACS) Only (from 31st July 2014)						
With effect from 31st July 2014 the only method of payment for the Profiled route is via Bank Transfer (BACS). A payment of £250 + VAT should be made prior to the completed application form being sent to CSCS. See below for further information and details required prior to application submission:						
CSCS Profiled Route Bank Transfer (BACS) Payment Form Note to Applicant: When paying for a CSCS Profiled Route application by Bank Transfer (BACS) please give the applicant's name and date of birth as the payment reference. Without this information CSCS may not be able to process the application. All Bank Transfer (BACS) payments for Profiled Route Applications only should be made to:						
Construction Skills Certification Scheme Ltd HSBC - Account No: 72052091 Sort Code: 40-18-22						
Payee:	Applicant Name:					
Date of Birth:	Amount Paid: £					
Proof of payment attached: YES/NO (please indicate)						

Send form to CSCS Ltd, 3rd Floor, The Building Centre, 26 Store Street, London, WC1E 7BT

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