



APPLICATION FOR A SCAFFOLDING SUPERVISOR CARD

Please note your application will take up to 14 working days to process from the date we receive it, see notes on page 2 of application for further guidance on the application process



SECTION A - You, the applicant, must fill in this section. Fill any blank areas and tick the correct boxes.

A1 Your details:

Title

Surname

Forename

Home Address

Postcode

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

Registration No.

National Insurance No.

Telephone Number

Date of Birth - -
DD MM YYYY

E-mail address:

Type of application being made: New Card Duplicate Renewal Please note cards can only be renewed a maximum of 6 months prior to the expiry

A2 Send my card to: my home address The company address in section C
a different address, which is:
 Postcode

A3 I confirm to the best of my knowledge the information above is correct and I agree to comply with the CISRS criteria as laid out in the CISRS CAP609 General Information Booklet (available from www.cisrs.org.uk). I understand and agree that the information on this form will be used by CISRS/NOCN Job Cards for the purposes of administering the CISRS Scheme and that the data will be entered onto a secure database, this may include passing on information relating to the individual's scheme membership to employers or training providers.

Please note that all application fees are non-refundable. If your application is incomplete you will be given 180 days to resolve any issues. Any applications returned after 180 days will be subject to an additional £36.00 non-refundable application fee.

Fair Processing Notice

The information you provide to us will be used for administering the CISRS Scheme. Your data will be held securely and treated confidentially and will not be disclosed to external parties other than as required for the purposes described above, which may include sharing your information on a construction training register as well as with employers, awarding organisations or training providers. For information explaining your legal rights and how we use your information, please view our Privacy Notice online at www.nocnjobcards.org/privacy/

Applicant Signature Date: - -
DD MM YYYY

SECTION B - Scaffolding Courses completed

Course Type	Please tick	Training Centre Name
Supervisor/ Supervisor Refresher	<input type="checkbox"/>	<input type="text"/>

If you have previously carried out CISRS approved training via another route of entry please contact the CISRS Helpdesk to confirm the eligibility to apply for a CISRS card before submitting an application.

Other:

Copies of training certificates must be attached, failure to do so will result in your form being returned. Please do NOT send originals. A copy of your Health, safety and environment test or exemption is required with the application, for a full list of Health and Safety requirements see page 2.

SECTION C - Declaration - (Only to be completed if employer or Training Provider applying for card)

I have read and understood the scheme rules relating to this CISRS card and agree to adhere to them. A copy of the CISRS CAP609 General Information Booklet is available from www.cisrs.org.uk

Employer name: <input type="text"/>	Signature: <input type="text"/>
Address: <input type="text"/> <input type="text"/>	Print name: <input type="text"/>
Postcode <input type="text"/>	Telephone number: <input type="text"/>
Date <input type="text"/>	
Email Address: <input type="text"/>	

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

Form number: CISRS041224

Authorisation code
(See reverse of form for use)

CHECKLIST BEFORE RETURNING THIS APPLICATION

SECTION A - APPLICANT'S DETAILS

Please complete all parts of this section.

MAILING ADDRESS - All correspondence relating to this Records Scheme will be sent to the Home Address specified in Section A unless an alternative address is entered in Section C.

SECTION B - TRAINING COMPLETED

This section must provide details of courses undertaken and training certificates for these courses must be attached to the form for New and Endorsement applications or the form will be returned. Please do **NOT** send originals.

SECTION C - DECLARATION

This section must be completed if you are an employer or Training Provider applying for the card and/or if you require a receipt.

HEALTH AND SAFETY EXEMPTIONS

There are some other industry recognised Health and Safety qualifications that can be accepted as an alternative to passing the CITB Health, Safety and Environment test.

An up to date list and criteria of the accepted qualifications can be found by visiting the CISRS website or by clicking on this link: <https://cisrs.org.uk/cisrs-cards/citb-health-safety-and-environment-test-and-recognised-exemptions>.

Please ensure, when using an exemption, that you attach a passport style photo with your application.

A COPY OF CERTIFICATE AND/OR CARD MUST BE ATTACHED TO THIS APPLICATION. PLEASE DO NOT SEND ORIGINALS.

BEFORE EMAILING OR POSTING, PLEASE CHECK THE APPLICATION AND ENSURE THE FOLLOWING ARE ENCLOSED OR COMPLETED:

CHECKLIST:

Please
tick

• Supervisors Certificate or Supervisors Refresher Certificate if renewing your card

If using an exemption to the Health, safety and environment test a Glossy Passport sized photograph must be attached with glue to the Box in Section A. Please do not use staples.

Payment - please call 0300 999 1177 (option 1, option 2) and make a payment via credit/debit card for £36.00, you will then be given an authorisation code to write on the front of the application. Or, if you hold an account with NOCN Group, please attach an official Purchase Order requesting an invoice.

Sign the form and return by either email or post (addresses at the bottom of the page), attaching **copies** of any certificates or other evidence and a passport style photo as required.

Email or post this form, with copies of certificates etc (where applicable), to:

Email: cisrs@jobcards.org

or

Post: CISRS, NOCN Job Cards, PO Box 1242, Kings Lynn, Norfolk, PE30 9FQ.

If you have any queries of a general nature or require assistance in completing this application please call the CISRS Helpline on **0300 999 1177 (option 1, option 2)** or for further information on the CISRS Scheme rules visit www.cisrs.org.uk