



Affiliated

# APPLICATION FOR ADVANCED SCAFFOLDING 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

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**

Registration No.

National Insurance No.

Telephone Number

Date of Birth  -  -

DD MM YYYY

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](http://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 £30.00 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/](http://www.nocnjobcards.org/privacy/)

Applicant Signature  Date:  -  -

DD MM YYYY

## SECTION B - Scaffolding Courses completed

Course Type	Please tick	Training Centre Name	Course Type	Please tick	Training Centre Name
Advanced	<input type="checkbox"/>	<input type="text"/>	CISRS 2-Day Skills Test	<input type="checkbox"/>	<input type="text"/>
NVQ/SVQ Level 3 or SCQF Level 6	<input type="checkbox"/>	<input type="text"/>	2-day CPD (Renewals only)	<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 POST 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](http://www.cisrs.org.uk)

Employer name:

Address:

Postcode

Date

Email Address:

Signature:

Print name:

Telephone number:

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

Form number: CISRS250821

Authorisation code  
(See reverse of form for use)

