

APPLICATION FOR OVERSEAS SCAFFOLDER TRAINING SCHEME (OSTS) CARD



Please read notes overleaf

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

Country

Postcode

E-mail address:



Registration No.

Passport/Visa Number

Telephone Number

Date of Birth - -

DD MM YYYY

Type of application being made: New Card Duplicate Renewal

A2 Send my card to 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 £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/

Applicant Signature

Date: - -

DD MM YYYY

SECTION B - Scaffolding Courses completed - you, the applicant, employer or sponsor may complete this section

Course Type	Please tick	Training Centre Name	Course Type	Please tick	Training Centre Name
CISRS Level 1 OSTS	<input type="checkbox"/>	<input type="text"/>	CISRS Supervisor OSTS	<input type="checkbox"/>	<input type="text"/>
CISRS Level 2 OSTS	<input type="checkbox"/>	<input type="text"/>	CISRS Basic Inspection OSTS	<input type="checkbox"/>	<input type="text"/>
CISRS Level 3 OSTS	<input type="checkbox"/>	<input type="text"/>	CISRS Advanced Inspection OSTS	<input type="checkbox"/>	<input type="text"/>
CISRS Level 4 OSTS	<input type="checkbox"/>	<input type="text"/>			

Copies of training certificates must be attached, failure to do so will result in your form being returned.

Retrospective Course Details

Card Type: (Please tick) Level 1 OSTS Level 2 OSTS Level 3 OSTS Level 4 OSTS Supervisor OSTS

 Basic Inspection OSTS Advanced Inspection OSTS

SECTION C - Centre Declaration - to be completed by the UK based CISRS Approved Centre

By completing and signing the declaration below, I certify that:

- The details on this form are correct to the best of my knowledge and that the photograph is a true likeness of the applicant.

PLEASE ENSURE THIS BOX IS FULLY COMPLETED (The applicant cannot complete this section)

Employer name:

Address:

Postcode

Date

Signature:

Print name:

Telephone number:

CHECKLIST BEFORE RETURNING THIS APPLICATION

SECTION A - APPLICANT'S DETAILS

Please complete all parts of this section.
The applicant must sign and date the application.

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.

For renewals the applicant will be issued a card showing the same categories recorded on the Record Scheme database unless evidence of further training meeting scheme criteria is attached to this application form.

SECTION C - CISRS CENTRE DECLARATION

This section must be completed by the UK based CISRS Approved Centre. All cards will be sent to this UK address. Failure to complete Section C will result in the form being returned.

BEFORE POSTING PLEASE CHECK THE APPLICATION AND ENSURE THE FOLLOWING ARE ENCLOSED:

POST TO:

CISRS
NOCN Job Cards
P O BOX 1242
Kings Lynn
Norfolk
PE30 9FQ

CHECKLIST: Please tick

Level 1 Card

• CISRS Level 1 Scaffolding (Overseas) Certificate (OSTS)

Level 2 Card

• CISRS Level 1 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 2 Scaffolding (Overseas) Certificate (OSTS)

Level 3 Card

• CISRS Level 1 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 2 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 3 Scaffolding (Overseas) Certificate (OSTS)

Level 4 Card

• CISRS Level 1 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 2 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 3 Scaffolding (Overseas) Certificate (OSTS)
• CISRS Level 4 Scaffolding (Overseas) Certificate (OSTS)

Supervisor Card

Scaffolding Supervisor (Overseas) Certificate (OSTS)

All cards

Glossy Passport Sized photograph attached with glue to the Box in Section A. Please do not use staples.

Payment - please call 0844 815 7223 and make a payment via credit/debit card for £30.00 and enter the authorisation code on the front of the application. Or, if you hold an account with NOCN Group, please attach an official Purchase Order requesting an invoice.