



Affiliated

# APPLICATION FOR A 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 12mth Extension

**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
Part 1	<input type="checkbox"/>	<input type="text"/>	Part 2	<input type="checkbox"/>	<input type="text"/>
NVQ/SVQ Level 2 or SCQF Level 5	<input type="checkbox"/>	<input type="text"/>	CISRS 1-Day Skills Test	<input type="checkbox"/>	<input type="text"/>
2-day CPD	<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](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.

## 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.** For first time Scaffolder applications it is a mandatory requirement for an NVQ/SVQ and CISRS Skills Test to have been completed.

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.

**From 1st July 2017 applicants must have completed the 2-day CPD course to renew the Scaffolder card.**

### 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

The following are all deemed as acceptable alternatives to passing the CITB Health, safety and environment test **(A COPY OF THE CERTIFICATE AND/OR CARD MUST BE ATTACHED TO THIS APPLICATION)**:

- Current CCNSG Safety Passport (SCATS Card)
- NEBOSH Construction Certificates (Taken within 2 years of application)
- Current Offshore Survival Certificates (OPITO Approved)
- Site Safety Plus HSA, SSSTS or SMSTS (Taken within 2 years of application)
- SOLAS Safe Pass
- IOSH Working Safely/IOSH Managing Safely/IOSH Directing Safely (Taken within 2 years of application)

Please note that for CISRS Supervisors cards only the CITB Supervisor Health, safety and environment test, CCNSG Leading a Team Safely, SSSTS, SMSTS, NEBOSH, IOSH Managing/Directing Safely are acceptable.

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

#### CHECKLIST:

Please tick

- Part 1 and Part 2 unless Assessed Route Certificate held
- NVQ/SVQ Level 2
- CISRS 1-Day Skills Test Certificate or EWPA Assessment
- 2-Day CPD Course (Renewals Only)

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 £30.00, 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.

If emailing in your application, you **MUST** print off this form and **complete and sign by hand, with a ball point pen**, before scanning the form back in and emailing to [cisrs@jobcards.org](mailto:cisrs@jobcards.org), attaching any certificates, passport photos etc that are required. **PLEASE NOTE** that applications signed electronically will **NOT** be accepted and will be rejected back to you.

Application forms should be emailed or posted to:

Email: [cisrs@jobcards.org](mailto: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](http://www.cisrs.org.uk)