



Affiliated

APPLICATION FOR A TRAINEE 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

Forename

Surname

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: New Card Duplicate Update 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). 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 sponsor or Training Provider may complete this section

Course Type	Please tick	Training Centre/Employer Sponsor Name	Course Type	Please tick	Training Centre Name
CISRS Operative Training Scheme (COTS)	<input type="checkbox"/>	<input type="text"/>	Part 1	<input type="checkbox"/>	<input type="text"/>
NOTE: The CISRS Operative Training Scheme (COTS) course must have been passed within 2 years of your application being submitted			Part 2	<input type="checkbox"/>	<input type="text"/>
Details of Systems Type/Brand to be endorsed:			Apprentice Induction	<input type="checkbox"/>	<input type="text"/>

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

Employer name:

Address:

Signature:

Print name:

Postcode

Telephone number:

Date

Email Address:

Authorisation code

(See reverse of form for use)

