

Please complete this form in BLOCK CAPITALS using a BLACK or BLACK ballpoint pen.
This form is to be used to renew all 5 year tester cards and 2 year tester cards (interim cards)

SECTION A Applicant Details

<p>A1 Title <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename <input type="text"/></p> <p>Home Address <input type="text"/></p> <p style="text-align: right;">Postcode <input type="text"/></p> <p>E-mail <input type="text"/></p>	<p>CPCS Card No. (if applicable) <input type="text"/></p> <p>National Insurance No. <input type="text"/></p> <p>Date of Birth <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p style="text-align: center; font-size: small;">D D M M Y Y Y Y</p> <p>Telephone Number <input type="text"/></p>
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A2 I confirm that to the best of my knowledge the information above is correct. I accept this personal data will be held and used in accordance with the CPCS Fair Processing Policy set out in the Scheme Booklet for Testers.

In signing this form, I agree to comply with the terms and conditions set out in the Scheme Booklet for Testers.

Applicant signature

Date - -

D D M M Y Y Y Y

Fair Processing Notice: NOCN Job Cards shares your personal data with the Construction Industry Training Board ("CITB") for the purposes of their role as an Industrial Training Board enabling it to perform its functions under and accordance with the Industrial Training Act 1982. 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 NOCN Job Cards uses your information, please view our Privacy Notice online at <https://www.nocn.org.uk/privacy/>.

SECTION B Additional Requirements

<p>B1 CITB Health, safety and environment test - Managerial & Professional (MAP) <input type="checkbox"/></p> <p>(passed within 2 years of application receipt)</p> <p>B2 First Aid Qualification: 1 day Emergency First Aid at Work <input type="checkbox"/>*</p> <p>B3 Health & Safety Qualification (refer to section H for H & S Qualifications) <input type="checkbox"/>*</p> <p>B4 Proof of operating ability per category</p> <p style="margin-left: 40px;">- CPCS Competent Operating Card or <input type="checkbox"/></p> <p style="margin-left: 40px;">- Advanced On Site Assessment <input type="checkbox"/></p>	<p><i>To book a test contact the booking line on 0344 994 4488.</i></p> <p>* Please attach copies of relevant certificate to support these elements.</p>
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SECTION C CPCS Category(ies)

There is no need to provide category details, as the categories on your current Tester card will be transferred across onto the renewed CPCS Tester card.

SECTION D Mailing Address

Please enter below where you would like the card to be sent: Applicant as in Section A1 Other (as below)

Company name (if applicable)

Address:

Postcode

SECTION E Independent Declaration

I certify that the details on this application are correct to the best of my knowledge of the applicant detailed above.

Job role	Employer/ CPCS Test Centre	Name	<input type="text"/>
Employer or Centre Name	<input type="text"/>	Signature	<input style="width: 100%;" type="text"/>
Reg Number	<input type="text"/>	Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
		D D M M Y Y Y Y	

SECTION F Payment

Please call our CPCS Helpline on **0300 999 1177** to make payment via Credit/Debit card.

Existing Credit Account: please complete the information below to enable the invoice to be raised.

Credit Account Ref.	<input type="text"/>	Purchase Order Number or other Invoice Reference (optional)	<input type="text"/>
Company Name	<input type="text"/>	Postcode	<input type="text"/>
Invoice Address	<input type="text"/>		

APPLICATION TO RENEW CPCS TESTER CARD

SECTION G

Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by an individual who can endorse the Tester's identity for example Individual's Employer or CPCS Test Centre employee.
2. It is the responsibility of the applicant to ensure that all CPCS requirements for the application are adhered to, including:
 - a) the applicant has provided the necessary details as set out in Section A:
 - the applicant's stated details are correct for the applicant,
 - the applicant has agreed to comply with the revised terms and conditions.
 - b) the applicant has met the requirements as listed in Section B:
3. Application forms are subject to audit checks in accordance with CPCS requirements. Application forms, which are incorrect or not found to meet the requirements, will be returned rejected.

SECTION H

Completion Requirements

Section A: Complete Section A with full details. **Note:** We will use the photo that was captured at the time you achieved the HS&E test on the CPCS Tester Card issued.

Section B:

B1: Confirm that passed, but there is no need to attach evidence of the CITB Health, safety and environment MAP test pass as this can be independently validated. To book a test contact the booking line on **0344 994 4488**.

B2: Confirm achievement and attach a copy of the First Aid certificate.

B3: Health and Safety Qualification One from the following list:

- Managing and Co-ordinating Plant course (MCP) either the 5-day (full) - For new testers entering the scheme or the 2 day (refresher) - For existing testers already in the scheme.
- NEBOSH Construction Certificate within 5 years or NEBOSH Construction Certificate with IOSH membership if older than 5 years
- Site Managers Safety Training Scheme (SMSTS) either the 5-day (full) - For new testers entering the scheme or the 2 day (refresher) - For existing testers already in the scheme.
- IOSH Managing Safely (no older than 5 years)
- Level 5 or 6 Health and Safety Qualification, with an in date CSCS card stating the following occupations/routes
 1. Construction Health and Safety Manager CSCS Card (with IOSH Membership)
 2. Construction Health and Safety Senior Manager CSCS Card (with IOSH Membership)

B4: Demonstrate Practical operating ability for the categories held on the CPCS Tester Card. - This can be evidenced by either of the following options:

A. Hold a Valid CPCS Competent Operator Card for the categories held on the tester card or have undertaken an Advanced Technical Test for a category within the last 5 years, or:

B. Complete and achieve the Advanced on Site Assessment (AOSA) for all categories held on the CPCS Tester Card.

Section C: There is no need to provide any information on categories as the CPCS Tester card will be issued with the same categories as were held on the full five-year Tester card.

Section D: It should be noted that if a mailing address is not provided the card will be sent to the applicant's home address as provided in Section A1.

Section E: This section requires an independent declaration of the applicant's identity by an individual who can endorse the Tester's identity for example a **CPCS Test Centre**, or **current Employer**.

Section F: Payment must be made by Credit/Debit card via the CPCS Helpline. This is a non-refundable fee for the service of processing the application.

General: Please return the completed form and copies of any additional relevant documentation to: **CPCS, NOCN Job Cards, P O Box 1242, Kings Lynn, Norfolk, PE30 9FQ** or email to CPCS@jobcards.org

- On receipt of this application it will usually take 15 working days to produce the card, providing all registration conditions have been met.
- If you require help completing this form please contact CPCS on **0300 999 1177**, email CPCS@jobcards.org or use our **webchat** by visiting www.nocnjobcards.org/contact