



# CSCS APPLICATION

For Craft and Operative level occupation

## SECTION A—Your details please complete this section

### A1 Your Details:

Title

Surname

Forename

Home address

Postcode

Registration No.

Telephone Number

Date of Birth

National Insurance Number

E-mail Address

**A2 I confirm that I meet:** Current CSCS Health and Safety requirements Yes  (Please provide proof of your Health, Safety and environmental test, as we do not have access to these records)

**A3** Send my card  My home address  The company address in section C

A different address, which is:

Postcode

**A4** I confirm to the best of my knowledge the information above is correct and I agree to comply with the CSCS Scheme rules as laid out in the CSCS Scheme booklet. I understand and agree that the information on this form will be used by The Drilling and Sawing Association for the purpose of administering the CSCS Scheme, this may include passing on information to Employers or Training Providers and for this purpose, your data may be entered onto a secure database accessible via a website.

We may contact you by mail, telephone or e-mail to let you know about other goods or services or promotions which may interest you.

Your Signature:  Date  Please send VAT receipt

## SECTION B—Occupation & Card Details—please complete this section

CSCS Occupation Title:

Diamond Driller & Sawyer  Remote Controlled Demolition  Supervisor

Please tick one box from section 1 and one box from section 2 N.B

**1. Card type**

Duplicate  New  Renewal

**2. Skilled Cards**

N/SVQ level 2 (Please provide certificate) or 3  Approved Apprenticeship  Trainee (Please provide proof of registration)  Skilled

## SECTION D—Employer Declaration—a current or previous employer must complete this section

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

- The applicant meets the requirements for the CSCS card they are applying for ([www.cscs.uk.com](http://www.cscs.uk.com))
- The applicant has 1 year site experience in the last 3 years (basic level card only)

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

Employer name:

Address

Signature

Print name:

Telephone Number

Levy Registration Number (If known)

Date

## SECTION D—Documents Required for this application



Digital image of candidate



NVQ Certificate (Skilled Worker) - PLEASE DOWNLOAD REPLACEMENT CERTIFICATE FORM & APPLY FOR COPIES BEFORE SUBMITTING THIS APPLICATION



Confirmation Registration (Trainee)



HS& E Score Report

Signed:

Date: