



# CSCS APPLICATION FORM

The Non-Resident Card for Professionally Qualified Persons

Only complete this form if you have passed the Professionally Qualified Person Health and Safety Test

**SECTION A – you, the applicant, must complete this section. Fill in any blank areas and tick the correct boxes using black ink. Please keep within the white boxes.**

**A1 Your details:**

Title

Surname

Forename

Home Address

Postcode

ATTACH PHOTOGRAPH HERE

CSCS Registration No.

National Insurance No.

Date of Birth

D D M M Y Y Y Y

Telephone Number

E-mail address:

Professional Institution/ Membership Grade

Professional Institution Reg. No.

**A2** Current Job Title

**A3** Please indicate which Health and Safety Test has been passed:  
Professionally Qualified Person  Professionally Qualified Person - Design

**A4** Send my card to: my home address  address in section B   
a different address, which is:   
Postcode

**A5** I understand and agree that the information on this form will be used by CITB-ConstructionSkills for the purposes of administering the CSCS scheme, this may include passing on information to Employers or Training Providers and for this purpose my 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 be of interest to you. Please tick this box if you wish to receive such information from us.

**A6** I am the applicant and I confirm that the details in section A of this form, are to the best of my knowledge, correct and in line with the Scheme rules.

Your signature:

Date:

Please send a VAT receipt

**SECTION B – This section needs to be completed by a current member of the applicant's Professional Institution, whose membership is equal to, or higher than the applicant's above. The applicant must not sign this section.**

**B1** I confirm that the applicant meets the Scheme requirements listed at points 1 - 3 on the reverse of the form.

E-mail address:  @

Address:   
  
Postcode

Telephone:

Signature

Print forename:

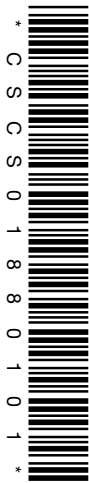
Print surname:

Professional Institution/Membership Grade

Professional Institution Reg. No.

Date

D D M M Y Y Y Y



## **Important Notes**

The Non-Resident Card for Professionally Qualified Persons is for those professional persons who are not resident on site but need to attend site from time to time. Such persons have the responsibility to act or take decisions independently in accordance with their professional obligations and the aims of the scheme. There is no intention that a 'Non-Resident' card should replace the need for occupational cards where the individual is resident or working regularly on site. Residency is defined by CSCS as not spending more than 30 days on site in any 6 month period.

This form is in two sections. Please read these notes carefully to ensure that the form is not rejected.

### **Section A must be completed by the applicant.**

Please fully complete section A1, including your Professional Institution Membership Grade and membership number. A list of acceptable institutions and competence-assessed membership grades can be found on the CSCS website [www.cscs.uk.com](http://www.cscs.uk.com) (For those who are members of the Architects Registration Board (ARB), please insert your ARB number.)

Section A2 - Please insert your Job Title (PLEASE NOTE THIS WILL NOT BE SHOWN ON YOUR CARD). You must also pass the relevant option of the CITB-ConstructionSkills Professionally Qualified Person Health & Safety Test.

- Option A is for those Professional Qualified Persons non resident on site who have a responsibility for Strategic Health and Safety Management.
- Option B is for those Professional Qualified Persons non resident on site who are responsible for design.

### **Section B must be completed by a verifier.**

The Verifier confirms that the applicant:

- 1 Is a member of an approved professional institution whose membership is at an eligible competence-assessed grade.
- 2 Has taken the appropriate Professionally Qualified Person Test for their job title.
  - Option A is for those Professional Qualified Persons non resident on site who have a responsibility for strategic health and safety management.
  - Option B is for the Professional Qualified Persons non resident on site who is responsible for design.
- 3 Has continuing professional development records for the last two years relevant to the job title listed overleaf.

Before sending your form please check that it has been fully completed. Your form will be sent back if it has not been properly filled in.

If you need help with your form, telephone the **helpdesk on 0870 4178777**.

Please send your form and payment of £25 by cheque or postal order (made payable to Construction Industry Training Board) to:

**CSCS, PO Box 114, Bircham Newton, King's Lynn, Norfolk, PE31 6XD**