



# CSR Application

This application form is required for all operatives completing the CSR One Day Health and Safety training.  
Supervisor, Manager and Senior Manager applications should be made on form CSR.03 V2.0

## SECTION A TO BE COMPLETED BY THE APPLICANT (Please use BLOCK CAPITALS)

### 1. TYPE OF CARD REQUIRED

(Please tick)      New       Upgrade       Renewal       Additional Plant Categories

Skill Area: \_\_\_\_\_

### 2. PERSONAL DETAILS

Title: (Mr, Miss, Mrs, Ms) \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

National Insurance No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 3. EMPLOYMENT STATUS & DETAILS

(Please tick)      Employed       Self Employed       Unemployed

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

### 4 NVQ QUALIFICATIONS

*If the Applicant does not hold an NVQ, an employer, main contractor or sub-contractor must complete Number 7 below. Applicants should continue at Number 5.*

NVQ Title: \_\_\_\_\_

Highest Level NVQ Awarded: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

**PLEASE ATTACH A COPY OF NVQ CERTIFICATE**

### 5. CURRENT CARD DETAILS (if known)

*(Applicable only to Renewal, Upgrade and Add Plant Categories.  
New Applicants please move to Number 6.)*

Registration Number: \_\_\_\_\_

Skill Area: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### 6. APPLICANT'S SIGNATURE

I certify that the above details are correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION B TO BE COMPLETED BY THE EMPLOYER (Please use BLOCK CAPITALS)

### 7. CONFIRMATION OF RELEVANT INDUSTRY EXPERIENCE (OCCUPATIONAL ASSESSMENT/NON-NVQ APPLICANTS)

*To be completed by the employer. If the Applicant is self-employed or unemployed this section may be completed by a main contractor or sub-contractor.  
THE APPLICANT MUST NOT SIGN.*

I certify that the Applicant named above has achieved a satisfactory standard of workmanship and has been engaged in the selected skill area within the last five years.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION C TO BE COMPLETED BY THE ACCREDITED TRAINING PROVIDER

### 8. CONTACT DETAILS

Accredited Training Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### 9. CHECKLIST *(Documents must be retained by Training Provider for monitoring purposes)*

Date Health and Safety Training Completed: \_\_\_\_\_

Date CSkills Health & Safety Touch Screen Test Completed:  
(Required for Scaffolder Cards and Plant Cards) \_\_\_\_\_

NVQ Title and Level: \_\_\_\_\_

Date NVQ Certificate Awarded: \_\_\_\_\_

**OR**

Date of Assessment: \_\_\_\_\_

Assessor: \_\_\_\_\_

Card Colour Awarded (eg Gold): \_\_\_\_\_

Skill Category Awarded (eg Joiner): \_\_\_\_\_

Date Plant Assessment completed: \_\_\_\_\_

Plant Categories awarded:  
(Trained Plant and Trained Operator Cards only)

### 10. RETURN OF APPLICATION FORM

The completed application form, copies of certificates and the relevant payment should now be sent to:

## SECTION D

### 11. DATA PROTECTION ACT

The information provided by you in this application form will be held on the CSR database and will be used for the following purpose:

- to maintain an accurate and up to date record of workers in the construction industry who have met the requirements of CSR

We may share your information with our associated service companies and third parties with whom we have a business relationship unless you inform us otherwise in writing. You have a right to apply for a copy of your information and to have any inaccuracies corrected.