

To be completed by the applicant and supported by an independent declaration.
Please complete this form in BLOCK CAPITALS using a BLACK or BLUE ballpoint pen.
Please ensure the form is completed correctly to prevent it being returned.

SECTION A Applicant Details

A1 Title

Surname

Forename

Home Address

Postcode

Telephone Number

E-mail

CPCS Card No. (if applicable)

National Insurance No.

Date of Birth - -

D D M M Y Y Y Y

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

Applicant signature Date - -

D D M M Y Y Y Y

ConstructionSkills may contact you to provide you with information on our other products, services and activities, and those of selected third party organisations, that we think may be relevant and useful to you.

If you agree to be contacted for these purposes by **telephone or email**, please tick this box

If you **DO NOT** want to receive such information by **mail**, please tick this box

SECTION B Other Qualifications

B1 ConstructionSkills Health & Safety Test passed within 2 years of application receipt

B2 First Aid Qualification: 1 day Appointed Persons First Aid course

B3 H&S Qualification: Plant related and renewable i.e. PMSTS or equivalent

B4 Role-based Course: CPCS Tester

B5 Role-based Competence: ENTO unit A1 or equivalent

* Please attach copies of relevant certificates to support these elements.

SECTION C CPCS Category(ies)

There is no need to provide category details, as the categories on the two year Tester card will be transferred across onto the full 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 and the photograph in Section A1 is a true likeness of the applicant detailed above.

*Please complete if relevant to job role

Job role

Surname

Forename

Signature

*Centre Role

*Centre Number

*Centre Name

Date - -

D D M M Y Y Y Y

SECTION F Payment

Please notify how you wish to pay the £25.00 card application fee:

Cheque Please make payable to 'ConstructionSkills' and if you require a receipt please tick this box

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

Credit Account Ref. Purchase Order Number or other Invoice Reference (optional)

Company Name Postcode

Invoice Address

APPLICATION TO UPGRADE TO A FULL CPCS TESTER CARD

This application form is appropriate for individuals applying to upgrade their two year Tester card to a five year Tester card on achievement of the appropriate role-based competence qualification, ENTO unit A1 or equivalent.

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 a CPCS Tester, a CPCS Monitor, or ENTO Assessor.
2. It is the responsibility of the applicant to ensure that all CPCS requirements for the application as set out in the Scheme Booklet for Testers and Trainers are adhered to, including:
 - a) the applicant's stated details are correct and the photograph in Section A is a true likeness of the applicant,
 - b) the applicant has the minimum required qualifications as listed in Section B:
 - B1 ConstructionSkills Health & Safety Test passed within two years of application receipt,
 - B2 1 day Appointed Persons First Aid Qualification valid at the date of application receipt,
 - B3 H&S qualification plant related and renewable i.e. PMSTS or equivalent valid at the date of application receipt, and
 - c) the applicant already holds a two year Tester card.
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 and attach a photograph that meets passport requirements, with a light background.

Section B:

B1: Confirm that passed, but there is no need to attach evidence of the ConstructionSkills Health & Safety Test pass as this can be independently validated.

B2, B3: Confirm achievement and attach copies of relevant certificates to support these elements.

B4: Achievement is already known through the issue of the two year Tester card, so there is no need to attach evidence.

B5: Confirm achievement of the ENTO unit A1 or equivalent and attach a copy of the certificate.

Section C: There is no need to provide any information on categories as the five year Tester card will be issued with the same categories as were held on the two 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 Tester** (with CPCS Test Centre details completed), a **CPCS Monitor**, or **ENTO Assessor**.

Section F: Payment must be included with this application. However, please do not send cash.

This is a non-refundable fee for the service of processing the application.

Forms will be returned to the address detailed in Section D, if the correct payment/invoicing information is not attached.

If you would like a new ConstructionSkills credit account to be set up please send a request on company headed paper and include paperwork to a minimum value of £100. Please note this will have an impact on the time to process the paperwork submitted.

General: Please return the completed form with a payment, a photograph and copies of any relevant certificates to: **CPCS, PO BOX 320, Bircham Newton, Kings Lynn, Norfolk, PE31 6WD.**

If you require help completing this form please contact CPCS on **0844 815 7274.**

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 have any comments on the service you have received from ConstructionSkills Data Management Unit please contact the Quality Controller at the address given above.