**SECTION C TO BEMPLETED BY THEDITED TRAINING PROVIDER SECTION C TO BE COMPLETED BY THE ACCREDITED TRAININ**

*Attach One Colour Passport Photograph*

*Please print your name on reverse*

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| **Academically or Professionally Qualified Person CSR Application** |
| **SECTION A TO BE COMPLETED BY THE APPLICANT *(Please use BLOCK CAPITALS)*** |

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| **1. TYPE OF CARD REQUIRED** | |
| Academically Qualified Person: New  Upgrade  Renewal |  |
| Professionally Qualified Person : New  Upgrade  Renewal | |

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| **2. PERSONAL DETAILS** | | | | | | | | | | | |
| Title: (Mr, Miss, Mrs, Ms) |  | Forename: |  | | | | Surname: | | |  |  |
| Home Address: |  | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  |  | | | | | Post Code: | | |  | |  |
| Telephone Number: |  | | | Email Address: | |  | | | | |  |
| National Insurance No: |  | | | | Date of Birth: | | |  | | |  |
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| **3. EMPLOYMENT STATUS & DETAILS** | | | | | |
| (Please tick) Employed  Self Employed  Unemployed | | | | |  |
| Employer Name: |  | | | |  |
| Address: |  | | | |  |
|  |  | | | |  |
|  |  | | Post Code: |  |  |
| Telephone Number: |  | Email Address: |  | |  |
| Employer Contact Name: |  | | | |  |

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| **4. ACADEMIC/PROFESSIONAL QUALIFICATIONS** | | | | | | | |
| Degree Title: |  | Degree Class: |  | Date Awarded: | |  |  |
| **OR** |  | | | | | |  |
| Professional Body: |  | Level of Membership: |  | Date Awarded: |  | |  |
| **PLEASE ATTACH A COPY OF CERTIFICATES OR MEMBERSHIP CARD** | | | | | | | |

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| **5. CURRENT CARD DETAILS (if known)** | | |  | **6. APPLICANT’S SIGNATURE** | | |
| (*Applicable only to Renewals and Upgrades. New Applicants please move to Number 6.*) | | |  | I certify that the above details are correct. | | |
| Registration Number: |  |  |  |  | | |
| Skill Area: |  |  |  | Signature: |  |  |
| Expiry Date: |  |  |  | Date: |  |  |
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| **SECTION B TO BE COMPLETED BY THE ACCREDITED TRAINING PROVIDER** | | |
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| **8. CONTACT DETAILS** | | |
| Accredited Training Provider: |  |  |
| Contact Name: |  |  |
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| **9. TRAINING *(Documents must be retained by Training Provider for monitoring purposes)*** | | |
| Date Health and Safety Training Completed: |  |  |
|  |  |  |
| Qualification Title and Level: |  |  |
| Date Certificate Awarded: |  |  |
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| **SECTION C CHECKLIST** | | |
| Copy of certificate confirming Academic or Professional Qualification  I enclose a cheque for £50+VAT (£60) payable to Construction Federation Services Limited  I have made payment by BACS. **Sort Code**: 95-01-21, **Account No.** 81261398, Danske Bank  Colour Passport Photograph enclosed (Please print name on reverse) | 🞎  🞎  🞎  🞎 |  |
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| **SECTION D RETURN OF APPLICATION FORM** |
| The completed application form should be returned to:  Construction Federation Services  143 Malone Road  BELFAST  BT9 6SX |

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| **SECTION E PROTECTING YOUR PERSONAL DATA** |
| The Construction Skills Register (CSR) holds basic personal data which is necessary to provide you with your CSR card.  Details of the personal data held and how it is managed is set out in our Privacy Policy which is available on <https://www.cefni.co.uk/privacy-policy>.  A copy of our Privacy Policy will also be sent to you along with your CSR card. |