

Attach One Colour
Passport
Photograph

Please print your
name on reverse



CSR Application

This application form is required for all candidates applying for the Health and Safety Practitioner Card

1. TYPE OF CARD REQUIRED

(Please tick) New Upgrade Renewal

2. PERSONAL DETAILS

Title: (Mr, Miss, Mrs, Ms) _____ Forename: _____ Surname: _____
Home Address: _____

Telephone Number: _____ Post Code: _____
Email: _____
National Insurance No: _____ Date of Birth: _____

3. EMPLOYMENT STATUS & DETAILS

(Please tick) Employed Self Employed Unemployed

Employer Name: _____
Address: _____

Telephone Number: _____ Post Code: _____
Email: _____
Employer Contact Name: _____

4. CONFIRMATION OF IOSH/IIRSM MEMBERSHIP

Membership Number: _____ Date Membership valid to: _____
Level of Membership Held: _____ Certificate Number: _____
Please attach a copy of your IOSH/IIRSM Membership Certificate and Current Membership Card

5. NEBOSH CERTIFICATE

NEBOSH Certificate Number: _____ Date Certificate Issued: _____
Level of Certificate Held: _____
Please attach a copy of your NEBOSH Certificate

6. CONFIRMATION OF RELEVANT INDUSTRY HEALTH AND SAFETY EXPERIENCE

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*

Please complete all sections. The CSR scheme may contact you to confirm this declaration.

I certify that the Applicant named above has a minimum of 2 years experience in a health and safety role in the construction industry.

Company Name: _____
Address: _____

Telephone Number: _____ Post Code: _____
Email: _____
Signature: _____ Print Name: _____
Position: _____ Date: _____

7. CURRENT CARD DETAILS (if known)

(Applicable only to Renewals and Upgrades)

Registration Number: _____

Skill Area: _____

Expiry Date: _____

8. CHECKLIST

Copy of IOSH/IIRSM Membership Certificate and copy of Current Membership Card enclosed

Copy of NEBOSH Certificate enclosed

Employer declaration of experience fully completed

I have made payment of £60 (£50 + Vat) by BACS. Sort Code: 95-01-21, Account No. 01324284, Danske Bank, Or

Cheques should be made payable to Construction First Ltd

Colour Passport Photograph enclosed (Please print name on reverse)

9. APPLICANT'S SIGNATURE

I certify that the above details are correct.

Signature: _____

Date: _____

10. 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 Notice will also be sent to you along with your CSR card.

11. RETURN OF APPLICATION FORM

The completed application form, copies of certificates, photograph and payment should be returned to:

Construction First Limited
143 Malone Road
BELFAST
BT9 6SX

Tel. 028 9087 7150