

Attach One Colour  
Passport  
Photograph

Please print your  
name on reverse



## Academically or Professionally Qualified Person CSR Application

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

#### 1. TYPE OF CARD REQUIRED

Academically Qualified Person:    New        Upgrade        Renewal   

Professionally Qualified Person :    New        Upgrade        Renewal   

#### 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. 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**

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

*(Applicable only to Renewals and Upgrades. 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 ACCREDITED TRAINING PROVIDER

### 8. CONTACT DETAILS

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

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

### 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: \_\_\_\_\_

## SECTION C CHECKLIST

Copy of certificate confirming Academic or Professional Qualification

I enclose a cheque for £50+VAT (£60). Cheques should be made payable to Construction First Limited

I have made payment by BACS. **Sort Code:** 95-01-21, **Account No.** 01324284, Danske Bank

Colour Passport Photograph enclosed (Please print name on reverse)

## SECTION D RETURN OF APPLICATION FORM

The completed application form should be returned to:

Construction First Limited  
143 Malone Road  
BELFAST  
BT9 6SX

## SECTION E 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.