



CSR Application

This application form is required for all operatives completing the Supervisor, Manager and Senior Manager Health and Safety training.
CSR One Day Health and Safety training applications should be made on form CSR.02 V3.0

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

1. TYPE OF CARD REQUIRED

(Please tick) New Upgrade Renewal

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/PROFESSIONAL QUALIFICATIONS

If the Applicant does not hold an NVQ or Professional Qualification, 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

OR

Professional Body: _____

Level of Membership: _____ Membership Number: _____

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 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: HEALTH MATTERS (HEALTH & SAFETY) LTD
Contact Name: LISA GRIBBEN

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 Site Supervisor Cards) _____

NVQ Title and Level: _____
Date NVQ Certificate Awarded: _____

OR

Professional Body (Manager and Senior Manager Cards only): _____
Level of Membership: _____
Membership No: _____

OR

Date of Assessment: _____
Assessor: _____

Card Colour Awarded: Site Supervisor (Gold) Manager (Platinum) Senior Manager (Black)
Skill Category Awarded _____

10. RETURN OF APPLICATION FORM

The completed application form, copies of certificates and the relevant payment (if paying by cheque) should now be sent to:

Health Matters (Health & Safety) Ltd
11 Monaghan Court
Monaghan Street
Newry
Co. Down
BT35 6BH

Tel: 028 3025 6482

Fax: 028 3083 3524

Email: info@healthmattersni.com

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.