



# SCAFFOLDING INSPECTION APPLICATION FORM



Please note your application will take up to 12 working days to process from the date we receive it, see notes on page 2 of application for further guidance on the application process

## SECTION A - You, the applicant, must fill in this section. Fill any blank areas and tick the correct boxes.

### A1 Your details:

Title

Surname

Forename

Home Address

Postcode

**PHOTO**

**You must attach a passport style photograph if you have not passed the CITB Health, safety and environment test within the last 2 years**

Registration No.

National Insurance No.

Telephone Number

Date of Birth  -  -

DD MM YYYY

E-mail address:

Type of application being applied for: New Card  Duplicate  Renewal  Please note cards can only be renewed a maximum of 6 months prior to the expiry

**A2** Send my card to: my home address  The company address in section C  a different address, which is:   
 Postcode

**A3** I confirm to the best of my knowledge the information above is correct and I agree to comply with the CISRS criteria as laid out in the CISRS CAP609 General Information Booklet (available from [www.cisrs.org.uk](http://www.cisrs.org.uk)). I understand and agree that the information on this form will be used by CITB and CISRS for the purposes of administering the CISRS Scheme, this may include passing on information to Employers or Training Providers and for this purpose, your data and image (photo) may be entered onto a secure database accessible via a website.

**Please note that all application fees are non-refundable. If your application is incomplete you will be given 180 days to resolve any issues. Any applications returned after 180 days will be subject to an additional £26.50 non-refundable application fee.**

**Fair Processing Notice**

The information you provide to us will be used for administering the CISRS Scheme and for purposes connected with our role as an Industrial Training Board in accordance with the Industrial Training Act 1982.

Your data will be held securely and treated confidentially and will not be disclosed to external parties other than as required for the purposes described above, which may include sharing your information on a construction training register as well as with employers, awarding organisations or training providers.

For information explaining your legal rights and how we use your information, please view our Privacy Notice online at [www.citb.co.uk/privacy](http://www.citb.co.uk/privacy).

Applicant Signature  Date:  -  -

DD MM YYYY

## SECTION B - Scaffold Inspection Course completed - you the applicant, employer or sponsor may complete this section

Course Type	Please tick	Training Centre Name
Basic Scaffold Inspection	<input type="checkbox"/>	<input type="text"/>
Advanced Scaffold Inspection	<input type="checkbox"/>	<input type="text"/>

**Copies of training certificates must be attached, failure to do so will result in your form being returned. Courses must have been completed with a CISRS Approved Training Provider and must be retaken at renewal. A copy of your Health, safety and environment test or exemption is also required with the application, for a full list of Health and Safety requirements see page 2.**

## SECTION C - Declaration - (Only to be completed if employer or Training Provider applying for card) IF A VAT RECEIPT IS REQUIRED PLEASE COMPLETE EMAIL ADDRESS

I have read and understood the scheme rules relating to this CISRS card and agree to adhere to them. A copy of the CISRS CAP609 General Information Booklet is available from [www.cisrs.org.uk](http://www.cisrs.org.uk)

Employer name:

Address:

Postcode

Date

Signature:

Print name:

Telephone number:

Please send VAT receipt  email address required for receipt

Email Address:

Authorisation code  
(See reverse of form for use)

# CHECKLIST BEFORE RETURNING THIS APPLICATION

## SECTION A - APPLICANT'S DETAILS

Please complete all parts of this section.

**MAILING ADDRESS** - All correspondence relating to this Records Scheme will be sent to the Home Address specified in Section A unless an alternative address is entered in Section A2. If an alternative address is entered correspondence will be sent as follows:

## SECTION B - TRAINING COMPLETED

This section must provide details of courses undertaken and training certificates for these courses must be attached to the form. Courses must have been taken with a CISRS Approved Centre. Any courses taken with non-CISRS Approved Centres are not acceptable.

Renewal - The Basic or Advanced Inspection course must be retaken prior renewal.

## SECTION C - DECLARATION

This section must be completed if you are an employer or Training Provider applying for the card and/or if you require a receipt.

## HEALTH AND SAFETY

The following are all deemed as acceptable alternatives to passing the CITB Health, safety and environment test **(A COPY OF THE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION)**:

- Current CCNSG Safety Passport (SCATS Card)
- NEBOSH Construction Certificates (Taken within 2 years of application)
- Current Offshore Survival Certificates (OPITO Approved)
- Site Safety Plus HSA, SSSTS or SMSTS (Taken within 2 years of application)
- FAS/SOLAS Safe Pass
- IOSH Working Safely/IOSH Managing Safely/IOSH Directing Safely (Taken within 2 years of application)

### Notes:

All applicants applying for the card must have taken a CISRS Basic or Advanced Scaffold Inspection Course with a CISRS approved provider. **Please note the CISRS Inspection card will be valid for 5 years from the date the Inspection course was completed.**

Non-scaffolders who are unable to provide evidence of attending a Scaffold Inspection course with a CISRS approved provider are required to hold the CISRS Basic Inspection Card for a minimum of 2 years prior to attending an Advanced Course. Non-Scaffolders who attended a Scaffold Inspection course with a CISRS approved provider prior to 4th May 2002 must pass the Basic Scaffold Inspection course first, but there is no time limit before moving onto the Advanced Scaffold Inspection course.

Payment - please call 0844 815 7223 and make a payment via credit/debit card for £26.50 (includes VAT) and enter the authorisation code on the front of the application. Or, if you hold an account with CITB, please attach an official Purchase Order requesting an invoice. Send this form with copies of certificates (where applicable), to:

CISRS, PO Box 1055, Bircham Newton, King's Lynn, Norfolk, PE31 6XQ

If you wish to pay £26.50 by cheque please make this payable to CITB, however, please note that payments made by cheque may incur a longer turnaround time for the processing of the card - DO NOT SEND CASH

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If you have any queries of a general nature or require assistance in completing this application please call the CISRS Helpline on **0844 815 7223** or for further information on the CISRS Scheme rules visit [www.cisrs.org.uk](http://www.cisrs.org.uk)