

To be completed by the applicant and supported by an independent declaration.  
Please complete this form in BLOCK CAPITALS using a BLACK or BLUE ballpoint pen.  
Please ensure the form is completed correctly to prevent it being returned.

### SECTION A

### Applicant Details

**A1** Title

Surname

Forename

Home Address

Postcode

Telephone Number

E-mail

CPCS Card No. (if applicable)

National Insurance No.

Date of Birth  -  -

D D M M Y Y Y Y

**A2** I confirm that to the best of my knowledge the information above is correct. I accept this personal data will be held and used in accordance with the CPCS Fair Processing Policy set out in the Scheme Booklet for Testers.

In signing this form I agree to comply with the terms and conditions set out in the Scheme Booklet for Testers.

Applicant signature

Date  -  -

D D M M Y Y Y Y

CITB may contact you to provide you with information on our other products, services and activities, and those of selected third party organisations, that we think may be relevant and useful to you.

If you agree to be contacted for these purposes by **telephone or email**, please tick this box

If you **DO NOT** want to receive such information by **mail**, please tick this box

### SECTION B

### Other Qualifications

B1 CITB Health, safety and environment test - Managerial & Professional (passed within 2 years of application receipt)  \*

B2 First Aid Qualification: 1 day Appointed Persons First Aid course  \*

B3 H&S Qualification: Managing and Co-ordinating Plant course (MCP)  \*

B4 Role-based Course: CPCS 4 day Tester Course  \*

B5 Role-based Competence: see reverse for examples  \*

\* Please attach copies of relevant certificate to support these elements.

### SECTION C

### CPCS Category (ies)

There is no need to provide category details, as the categories on the two year Tester card will be transferred across onto the full CPCS Tester card.

### SECTION D

### Mailing Address

Please enter below where you would like the card to be sent: Applicant as in Section A1  Other (as below)

Company name (if applicable)

Address:

Postcode

### SECTION E

### Independent Declaration

I certify that the details on this application are correct to the best of my knowledge and the photograph in Section A1 is a true likeness of the applicant detailed above.

Job role

Surname

Forename

Signature

\*Please complete if relevant to job role

\*Centre Role

\*Centre Number

\*Centre Name

Date  -  -

D D M M Y Y Y Y

### SECTION F

### Payment

Please notify how you wish to pay the £25.00 card application fee:

**Cheque**  Please make payable to 'CITB' and if you require a receipt please tick this box

**Existing Credit Account:** please complete the information below to enable the invoice to be raised.

Credit Account Ref.  Purchase Order Number or other Invoice Reference (optional)

Company Name  Postcode

Invoice Address

# APPLICATION TO UPGRADE TO A FULL CPCS TESTER CARD

This application form is appropriate for individuals applying to upgrade their two year Tester card to a five year Tester card on achievement of the appropriate criteria as listed in Section B.

## Section G Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by an individual who can endorse the Tester's identity for example a CPCS Tester or a CPCS Monitor.
2. It is the responsibility of the applicant to ensure that all CPCS requirements for the application as set out in the Scheme Booklet for Testers are adhered to, including:
  - a) the applicant's stated details are correct and the photograph in Section A is a true likeness of the applicant,
  - b) the applicant has the minimum required qualifications as listed in Section B:
    - B1 CITB Health, safety & environment test passed within two years of application receipt,
    - B2 1 day Appointed Persons First Aid Qualification valid at the date of application receipt,
    - B3 H&S qualification plant related and renewable i.e. PMSTS or equivalent valid at the date of application receipt, and
    - B4 role-based CPCS Tester Course passed, and
    - B5 role-based competence: L3 Award (or SVQ) in Assessing Competence in the Workplace or L3 Certificate (or SVQ) in Assessing Vocational Achievement or A1 Unit or D32/D33, and
    - B6 record of category experience (RoE), completed for each category, and
  - c) the applicant already holds a two year Tester card.
3. Application forms are subject to audit checks in accordance with CPCS requirements. Application forms, which are incorrect or not found to meet the requirements, will be returned rejected.

## Section H Completion Requirements

**Section A:** The applicant must complete Section A, even if this form is being submitted with other paperwork, with full details, and attach a photograph that meets passport requirements, with a light background.

### Section B:

**B1:** Confirm that passed, but there is no need to attach evidence of the CITB Health, safety & environment test - Managerial and Professional, as this can be independently validated.

**B2, B3:** Confirm achievement and attach copies of relevant certificates to support these elements.

**B4:** Achievement is already known through the issue of the two year Tester card, so there is no need to attach evidence.

**B5:** If appropriate confirm achievement of the L3 Award (or SVQ) in Assessing Competence in the Workplace or L3 Certificate (or SVQ) in Assessing Vocational Achievement or A1 Unit or D32/D33 or equivalent and attach a copy of the certificate to support your full five year Tester card application.

**Section C:** There is no need to provide any information on categories as the five year Tester card will be issued with the same categories as were held on the two year Tester card.

**Section D:** It should be noted that if a mailing address is not provided the card will be sent to the applicant's home address as provided in Section A1.

**Section E:** This section requires an independent declaration of the applicant's identity by an individual who can endorse the Tester's identity for example a CPCS Tester (with CPCS Test Centre details completed) or a CPCS Monitor.

**Section F: Payment must be included with this application. However, please do not send cash.** If you have paid by Credit/Debit card via the CPCS Helpline please enter your authorisation code in Section F on the front\* of the application. This is a non-refundable fee for the service of processing the application.

Forms will be returned to the address requested in Section D, if the correct payment/invoicing information is not attached.

**General:** Please return the completed form with a photograph and copies of any relevant certificates to:

CPCS  
PO BOX 320  
Bircham Newton  
Kings Lynn  
Norfolk  
PE31 6WD

If you require help completing this form please contact CPCS on:

**0844 815 7274**

On receipt of this application it will usually take 15 working days to produce the card, providing all registration conditions have been met.