

# F3/1 APPLICATION FOR A FIRST CPCS TESTER CARD OR TO ADD FURTHER CATEGORIES



\*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

CPCS Card No.

National Insurance No.

Date of Birth  -  -    
D D M M Y Y Y Y

Telephone Number

E-mail

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

Applicant signature

Date  -  -    
D D M M Y Y Y Y

For information explaining your legal rights and how NOCN Job Cards uses your information, please view our Privacy Notice online at <https://www.nocn.org.uk/privacy/>.

## SECTION B Additional Requirements

B1 CITB Health, Safety and Environment test - Managerial & Professional (MAP) or Specialist Supervisor (SPEC-SUP) (passed within 2 years of application receipt)

B2 First Aid Qualification: 1 day Emergency First Aid at Work\*

B3 Health & Safety Qualification (refer to section H for H & S Qualifications)\*

B4 Role-based Course: CPCS Tester Course

B5 Role Based Competence Course (refer to section H for accepted Qualifications)\*

B6 Record of Experience (RoE)

*To book a test contact the booking line on 0344 994 4488*

**\*Please attach copies of relevant certificates to support these elements**

## SECTION C Category(ies)

| Category Code and Endorsement | Advanced Theory          | Advanced Practical       | AOSA                     | Category Code and Endorsement | Advanced Theory          | Advanced Practical       | AOSA                     |
|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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 of the applicant detailed above and that the required certificates are attached.

Job role CPCS EQA (Tester AOSA Only) Tester No.

Surname

Forename

Signature

Date  -  -    
D D M M Y Y Y Y

## SECTION F Payment

Payment for this card application was included within the CPCS Technical Test notification fees.

# APPLICATION FOR A FIRST CPCS TESTER CARD OR TO ADD FURTHER CATEGORIES

This application form is appropriate for individuals applying for their first CPCS Tester card (either a two year or five year card Tester card) or to add further categories to an existing CPCS Tester Card.

- A provisional **two year** Tester card will be issued if the applicant **does not** have the appropriate role-based competence qualification.
- A full **five year** Tester card will be issued if the applicant **does** have the appropriate role-based competence qualification.

## SECTION G Terms and Conditions of CPCS Application

1. This form is only valid when Section E is signed by the CPCS EQA or CPCS Tester (if completing the AOSA).
2. It is the responsibility of the applicant to ensure that all CPCS requirements for the application are adhered to as set out in the CPCS Scheme Booklet for Testers and Trainers, including:
  - a) The applicant has provided the necessary details as set out in Section A:
    - the applicant's stated details are correct for the applicant,
    - the applicant has agreed to comply with the revised terms and conditions.
  - b) The applicant has met the requirements as listed in Section B:
  - c) The applicant has passed the CPCS Advanced Theory and CPCS Advanced Practical Tests OR Advanced On Site Assessments for the category being applied for.
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.

## SECTION H Completion Requirements

**Section A:** Complete Section A with full details. **Note:** We will use the photo that was captured at the time you achieved the HS&E test on the CPCS Tester Card issued.

**Section B:**

**B1:** Confirm the achievement of the CITB Health, Safety and Environment MAP or SPEC-SUP test pass but there is no need to attach evidence. To book a test contact the booking line on **0344 994 4488**.

**B2:** Confirm achievement and attach a copy of the Emergency First Aid certificate.

**B3:** Confirm achievement and attach a copy of the Health and Safety Qualification (one) from the following list:

- Managing and Co-ordinating Plant course (MCP) either the 5-day (full) - For new testers entering the scheme or the Refresher - For existing testers already in the scheme.
- NEBOSH Construction Certificate within 5 years or NEBOSH Construction Certificate with IOSH membership if older than 5 years
- Site Supervisors Safety Training Scheme (SSSTS) or Site Managers Safety Training Scheme (SMSTS) either the 5-day (full) - For new testers entering the scheme or the Refresher - For existing testers already in the scheme.
- IOSH Managing Safely (no older than 5 years)
- Level 5 or 6 Health and Safety Qualification, with an in date CSCS card stating the following occupations/routes
  1. Construction Health and Safety Manager CSCS Card (with IOSH Membership)
  2. Construction Health and Safety Senior Manager CSCS Card (with IOSH Membership)

**B4:** Confirm achievement of the CPCS Tester Course.

**B5:** Confirm achievement and attach a copy 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 D32/33 or equivalent and attach a copy of the certificate to support your full five year CPCS Tester card application.

**B6:** Confirm completion of the Record of Experience – this is sent in by the CPCS EQA.

**Section C:** Enter the appropriate category code(s) being applied for and confirm achievement in the Theory and Practical elements of the Advanced Technical Test or an Advanced On Site Assessment. There is no need to attach evidence as this can be independently validated. Current category codes can be found on the NOCN Job Cards Website [www.nocnjobcards.org/cpcs](http://www.nocnjobcards.org/cpcs)

**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 the CPCS EQA who quality assured the Advanced Technical Test/Advanced On Site Assessment/Tester Course or by the Tester for the Advanced On Site Assessment.

**Section F:** There is no need to send payment with this application as the charge for the card is included within the CPCS Technical Test Notification fees.

**General:** Please return the completed form and copies of any additional relevant documentation to: **CPCS, NOCN Job Cards, P O Box 1242, Kings Lynn, Norfolk, PE30 9FQ or email to [CPCS@jobcards.org](mailto:CPCS@jobcards.org)**

- On receipt of this application it will usually take 15 working days to produce the card, providing all registration conditions have been met.
- If you require help completing this form please contact CPCS on **0300 999 1177**, email [CPCS@jobcards.org](mailto:CPCS@jobcards.org) or use our **webchat by visiting [www.nocnjobcards.org/contact](http://www.nocnjobcards.org/contact)**