

SCORE - TRANSFER CARD APPLICATION

This application should only be used for existing SCORE Cardholders wishing to apply for a CSCS card

SECTION A – you, the applicant, must complete this section. Fill in any blank areas and tick the correct boxes

A1 Your details:	Surname:	CSCS registration number:
First name(s):	Title:	Telephone number (including area code):
Home address:		Date of birth:
Postcode:		National Insurance number:

A2 I enclose my current SCORE Card which has the CSCS Affiliated Logo on it and wish to apply for an exchange card

A3 I have passed the Construction health and safety test within the last 2 years

(For details of the health and safety test please contact the helpdesk on 0344 994 4488)

A4 Send my card to:
 home address in section A1 address in section B
 other: _____

A5 I understand and agree that the information submitted on this form will be entered on the CITB-ConstructionSkills database and will be used for the purposes entered on its Data Protection Registration, and agree that my card details can be passed to sites/ employees on request.
 CSCS may wish to contact you by mail, telephone or email to let you know about any goods, services or promotions, which may be of interest to you. Please tick this box if you do not wish to receive such information.
 CSCS will also enter your card details onto CITB-ConstructionSkills website where they will be accessible by third Parties. Please tick this box if you do not want your data processed in this way.

A6 I am the applicant and the details on this form are correct to the best of my knowledge.
 Your signature: _____ Date: _____

SECTION B – to be completed by an employer or previous employer or other responsible person

I certify that the photograph is a true likeness of the applicant who has been known to me for year(s).

Company name (if applicable):	Telephone number:
Address:	E-mail address:
	Signature: _____ Date: _____
	Print name: _____
CITB reg no. if applicable:	Position: _____

Please tick the box if you want a VAT receipt

**Send your form with a cheque or postal order for £30 (made payable to Construction Industry Training Board) to:
 CSCS, PO Box 114, Bircham Newton, King's Lynn, Norfolk, PE31 6XD**

**If you need any help with completing this form, please telephone the CSCS helpdesk on 0870 417 8777
 Alternatively further details can be found at www.cscs.uk.com**

Please note photograph should be passport sized, of head and shoulders and preferably with a light coloured background