



APPLICATION FOR THE SHOPFITTING AND INTERIOR CONTRACTING COMPETENCE SCHEME (SICCS)



Authorisation Code

(See reverse of form for use)

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

A1 Your details:

Title

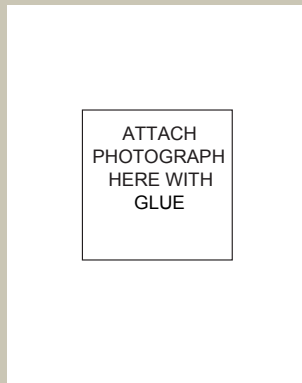
Surname

Forename

Home Address

Postcode

E-mail address:



Registration No.

Telephone Number

Date of Birth - -
DD MM YYYY

National Insurance No.

Type of application being made: New Card Duplicate Renewal Endorsement

A2 I confirm to the best my knowledge the information above is correct and I agree to comply with the SICCS criteria as laid out in the SICCS Scheme Booklet. I understand and agree that the information on this form will be used by NAS for the purposes of administering the SICCS Scheme, this may include passing on information to Employers or Training Providers and for this purpose, your data 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 90 days to resolve any issues. Any applications returned after 90 days will be subject to an additional £30.00 non-refundable application fee. NAS may contact you by mail, telephone or e-mail to let you know about other goods or services or promotions which may be of interest to you. Please tick this box if you wish to receive such information from us.

Your signature: Date: - -
DD MM YYYY Please send VAT receipt

SECTION B - Card & Occupation Details - please complete this section

Card Type: (Please tick)

Shopfitting Site Visitor Apprentice Assembler Experienced Operative
Supervisor Manager Director Shopfitting Related Professional

Please see reverse of application for details of evidence required for each route of entry.

Occupation: (if applicable)

Site Carpentry Bench Joinery Shopfitting Site Work Shopfitting Bench Work Woodmachining Metal Work
Painter and Decorator Setter Out Surveyor Estimator Health and Safety Manager

Copies of training certificates must be attached, failure to do so will result in your form being returned.

SECTION C - Mailing Address

Please confirm the delivery address for the card: Applicant address as in Section A1 Other address (as below)

Employer Name (if applicable)

Address

Postcode

SECTION D - Employer Declaration - a current or previous employer must complete this section

By completing and signing the declaration below, I certify that the details on this form are correct to the best of my knowledge, that the photograph is a true likeness of the applicant and they have occupational competence in their chosen occupations above.

I confirm that I have read the SICCS Scheme rules and the guidance notes on the reverse of this application and agree that I may be contacted to confirm the authenticity of this application.

PLEASE ENSURE THIS BOX IS FULLY COMPLETED (The applicant cannot complete this section)

Employer Name:

Address:

Signature:

Print name:

Postcode Position:

Date Telephone number:



CHECKLIST BEFORE RETURNING THIS APPLICATION

SECTION A - APPLICANT'S DETAILS

Please complete all parts of this section.

MAILING ADDRESS - All cards will be sent to the home address in Section A1, unless otherwise stated in Section C. All other correspondence will be sent to the address supplied in Section A.

SECTION B - CARD & OCCUPATION DETAILS

This section is to confirm the type of card being applied for.

A renewal a card will be issued detailing the categories as recorded on the NAS Record Scheme database unless evidence of further training meeting scheme criteria is attached to this application form.

SECTION C - APPLICANT'S DETAILS

MAILING ADDRESS - All cards will be sent to the home address in Section A1, unless otherwise stated in Section C. All other correspondence will be sent to the address supplied in Section A.

SECTION D - EMPLOYER DECLARATION

This section must be completed as follows:

All applications must be completed by the Employer who can verify the likeness of the photo, the competence/experience of the applicant and that the required training has been completed. Failure to complete Section D will result in the form being returned.

BEFORE POSTING PLEASE CHECK THE APPLICATION AND ENSURE PROOF OF THE FOLLOWING IS ENCLOSED:

SHOPFITTING SITE VISITOR

New Applications - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application .

Renewal - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application.

APPRENTICE

New Applications - You must have passed the CITB Operative Health,safety and environment test within 2 years prior to application and supply evidence of S/NVQ registration onto the appropriate Level 2 or 3 qualification.

Renewal - This card is not renewable.

ASSEMBLER

New Applications - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application and supply evidence of S/NVQ achievement for the appropriate Level 2 qualification.

Renewal - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application.

EXPERIENCED OPERATIVE

New Applications - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application and supply evidence of S/NVQ achievement for the appropriate Level 3 qualification.

Renewal - You must have passed the CITB Operative Health, safety and environment test within 2 years prior to application.

SUPERVISOR

New Applications - You must have passed the CITB Supervisor Health, safety and environment test within 2 years prior to application, hold a current 3-day Site Safety Plus for Shopfitters and Interior Contractors and supply evidence of achievement for the appropriate qualification as defined within the SICCS Scheme Rules.

Renewal - You must have passed the CITB Supervisor Health, safety and environment test within 2 years prior to application and hold a current 2-day Site Safety Plus Refresher for Shopfitters and Interior Contractors.

MANAGER

New Applications - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application, hold a current 3-day Site Safety Plus for Shopfitters and Interior Contractors and supply evidence of achievement for the appropriate qualification. as defined within the SICCS Scheme Rules.

Renewal - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application and hold a current 2-day Site Safety Plus Refresher for Shopfitters and Interior Contractors.

DIRECTOR

New Applications - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application, hold a current 2-day Site Safety Plus in Directors Responsibilities for Health and Safety and supply evidence of achievement for the appropriate qualification. as defined within the SICCS Scheme Rules.

Renewal - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application and hold a current 1-day Site Safety Plus Refresher in Directors Responsibilities for Health and Safety.

SHOPFITTING RELATED PROFESSIONAL

New Applications - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application and supply evidence of achievement of the appropriate qualification as deifined in the SICCS Scheme Rules.

Renewal - You must have passed the CITB Managerial and Professional (MAP) Health, safety and environment test within 2 years prior to application.

Payment - please attach a Cheque or Postal Order for £30.00 (includes VAT) made payable to National Association of Shopfitters - **DO NOT SEND CASH**
If you have pre-paid for your application form enter the authorisation code you were given (see box in top right hand corner on front of this form)

POST TO: SICCS Scheme
National Association of Shopfitters
411 Limpsfield Road
Warlingham
CR6 9HA

If you have any queries of a general nature or require assistance in completing this application please call the Contact Centre on 01883 624961 or for further information on the SICCS Scheme rules visit www.shopfitters.org.