

CSCS CARD APPLICATION FORM

PLEASE USE BLACK INK AND WRITE CLEARLY IN BLOCK CAPITALS

ALL FIELDS ARE MANDATORY, PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION

Your Details		
Tour Details		
Title First	Name(s)	
Surname/Family Name		Date of Birth D D M M Y Y Y Y
Home Address		
County/State		Country
Postcode	Home Telephone Num	nber
IExpE Membership Number	N	lobile
Email Address		
CSCS Card Details		
First Time Application	Upgrade of Existing Card	
Card Type		
To find out about requirements visit https://iexpe.o	rg/information-library/careers-develop	ment/cscs/
Trainee/Apprentice	EOC Engineer	
CITB Health, Safety and Environment	Test	
		IUST HAVE BEEN TAKEN WITHIN THE LAST 6 MONTHS
Qualifications/Courses & Experience		
Have you undertaken any of the following cour	ses? VOLLMUST SUPPLY A COPY OF V	OUR CERTIFICATE WITH THIS APPLICATION
nate year and the target and the territorial a		
Defence EOD Operator Course	IEDD No1	HSQ Search for and Disposal of Munitions (Q12-C3-005)
IMAS Level 1	IMAS Level 2	IMAS Level 3
Other, please provide details below		
		Q Famorianos
	Other Qualification/Course	& Experience
Declaration		
	it www.iexpe.org. Please send completed app	olication form to Institute of Explosives Engineers, Ground Floor, Unit 1,
Greyfriars Business Park, Frank Foley Way, Stafford, S	16 2ST or via email to vickihall@iexpe.org	Signature
I declare that the statements made on t	•	Signature
knowledge, I enclose my non-refundable the "Institute of Explosives Engineers".		
photograph (Passport size) signed and d	· ·	Date D D M M V V V V
		Date D D M M Y Y Y Y
IExpE takes your privacy seriously and your personal dat	a will only be used in the completion of this a	pplication and thereafter only for the proper management and administration of

either legally obliged to/ or are in collaboration with. In completing and signing this application we will take this as your consent to our use of your data.