



Kingsley House, Ganders Business Park, Kingsley, Bordon,
Hampshire, GU35 9LU Tel: 01420 471622 Fax: 01420 471611 www.sca.org.uk

Details of Operator *Block Capitals Please*

Surname _____ **Forenames** _____

Nat. Ins. No _____ **Date of Birth** _____

Home Address _____

_____ **Post Code** _____

I certify that I am the Operator referred to above and agree the recommendations entered on this form by the employer. Should the employee leave the employment of member company the card will become Null and Void. My registration fee of £30.00 plus VAT is attached.

Signed _____ **Date** _____

Employer's Recommendation (See Notes Overleaf)

ACTIVITY	DATE CERTIFIED	INITIALS	YEARS OF EXPERIENCE
Health and Safety Training			
Preparation			
Grit Blasting			
Steel Fixing			
Spray Machine Op	Dry		
Spray Machine Op	Wet		
Nozzleman	Dry		
Nozzleman	Wet		
Foreman			
Tunnelling with Robotics			
Surface Finishing			

I have examined the requirements of the scheme for the SCA Qualified Nozzleman Scheme and have satisfied myself that the above named operator has had adequate training/experience in the above categories to warrant the issue of an industry registration card for those categories.

Signed _____ **Date** _____

Name _____ **Position** _____

Certifying Company _____

Address _____

_____ **Post Code** _____

Telephone No. _____

Acceptance by Chairman / Vice Chairman _____

Address to which the card should be sent _____

_____ **Post Code** _____

(For all new registrations please attach 1 Passport photograph)

Explanatory Notes

1. This form applies to Spray Concrete Operatives
2. The form should be completed and signed by a Senior Manager or Director to whom these notes are addressed
3. Details of the person making recommendations must give his full name and address, job title and telephone number
4. Please ensure that the form is completed fully. In particular National Insurance Number, Address, and Post Codes must be included.
5. You must send with the form:
 - 5.1 A photograph of the operative. This should be full face, head and shoulders, colour or black and white and visual passport size, i.e. 4.5 cm x 3.5 cm. You must write on the back " I certify that this is a true likeness of (name) and add your signature. The signature on the photograph must be the same as that of the person making the recommendations. The photograph must be securely attached to this form where indicated.
 - 5.2 Fee to be included with application form £30.00 plus VAT.