

## CSCS/QSCS Experienced Operator

### QQI Certification Fee Waiver Application Form

\*Waivers in respect of further education and training award (certification) fees are available to social welfare recipients and/or medical card holders. Providers should have a procedure to verify that a learner satisfies the exemption criteria and should retain this evidence.

**Important Note:** This waiver only applies to CSCS/QSCS Experienced Operator Programmes as these are the only programmes that are QQI Certified.

**To apply for a waiver of your CSCS/QSCS QQI experienced operator certification fee you are required to:-**

- 1. Complete Section 1 of the QQI Certification Fee Waiver Application Form below**
- 2. Have Section 2 of the form completed, signed and stamped at your local Social Welfare office, where you are in receipt of a Social Welfare Payment OR present your Medical Card to the Approved Training Organisation where a photocopy can be taken to support your application.**
- 3. Present the completed application form to the Approved Training Organisation where you are attending your CSCS/QSCS Experienced Operator Programme. Forms will not be accepted after the date of the Programme.**

**Important Note:** This form will not be processed without Section Two being signed and stamped by your Social Welfare Officer, where you are in receipt of a Social Welfare payment, OR if you do not present your Medical Card to the Approved Training Organisation on the first day of the CSCS/QSCS Experienced Operator Programme.

## CSCS/QSCS Experienced Operator QQI Certification Fee Waiver Application Form

### SECTION ONE

#### PERSONAL DETAILS (please use a black ink ball-point pen and BLOCK CAPITALS)

Name .....

Date of Birth ...../...../..... PPSN .....

Phone Number .....

Address .....

.....

**ONE PHOTO**  
(please sign back of photo and staple it to this space)

Social Welfare Recipient  Medical Card Holder  (please tick as appropriate)

**For Social Welfare Recipients, Section 2 must be signed and stamped by your local Social Welfare Officer**

**For Medical Card Holders, you must present your Medical Card to the Approved Training Organisation on the first day of the CSCS/QSCS Experienced Operator Training Programme**

#### QQI Certification Fee Waiver

#### PARTICIPANT DATA PROTECTION NOTICE

##### 1. PERSONAL DATA COLLECTED AND OBTAINED

This Data Protection Notice ("Notice") sets out the basis on which SOLAS ("SOLAS", "we", "our" or "us") of Block 1, Castleforbes House, Castleforbes Road, Dublin 1 will use the personal details ("Personal Data") you will provide when completing the application form (the "Form") for a QQI Certification Waiver. This Notice also details how SOLAS will process your Personal Data for the purpose of processing the Form. The Personal Data we obtain from you will be held by SOLAS as a controller.

SOLAS will collect and process the Personal Data that you provide in the Form

##### 2. HOW AND WHY WE PROCESS YOUR PERSONAL DATA

This section details how ("legal basis") and why ("purposes") we process your Personal Data: Legal basis: To process your Personal Data to enter into and perform our contract with you including for the following purposes: (a) to process your Form; (b) to issue you with a Card; (c) to verify your Card on an ongoing basis; (d) to renew or replace your Card where you ask us to do so; (e) to correspond with you (f) to allow your existing or potential employers to validate your card (g) to facilitate the issue of safety text alerts. It may also be necessary to process your Personal Data for the purpose of complying with legal obligations to which we are subject including to fulfil our statutory functions.

**IMPORTANT:** If you do not provide us with your Personal Data so that we can process it for the above purposes, we will not be able to assess or process your Form, issue you with, or renew/replace your Card and/or communicate with you as necessary.

##### 3. DISCLOSURE OF YOUR PERSONAL DATA

We may disclose some or all of your Personal Data to the following parties: SOLAS business units, SOLAS agents or service providers including SOLAS approved training organisations/tutors/assessors/monitors, Education and Training Boards, Tipperary County. Council. and Quality and Qualifications Ireland [QQI]. We may also disclose your Personal Data to third parties if we are under a legal duty to disclose or share your Personal Data in order to comply with any legal or regulatory obligation or request or to perform a public function.

##### 4. KEEPING YOUR PERSONAL DATA

We will keep your Personal Data for a minimum period of 7.5 years from when your Card expires and/or is not renewed. In some cases, we will need to retain your Personal Data for longer periods for compliance with legal obligations imposed on us or where we are a party to legal proceedings with you, and to ensure you a continued client service. We will also need to retain your Personal Data on the permanent National Construction Schemes Database. Such Personal Data will be securely retained in line with the SOLAS records retention and disposal Procedure

##### 5. YOUR RIGHTS

The following are your rights to address any concerns or queries regarding the processing of your Personal Data. You can exercise any of these rights by submitting a request to the Data Protection Officer, SOLAS, Block 1, Castleforbes House, Dublin 1. We will provide you with information on any action taken upon your request in relation to any of these rights without undue delay and at the latest within one month of receiving your request. We may extend this by up to 2 months if necessary, however we will inform you if this arises. You have the right to lodge a complaint with the Data Protection Commission with regards to our processing of your Personal Data.

The Right to Access

The Right to Rectification

The Right to Erasure

The Right to Restriction of Processing

The Right to Object to Processing

The Right to Withdraw Consent

The Right to Data Portability

The Right to Object to Automated Decision Making

**6. CONTACT US**

If you have questions or concerns about this Notice, please contact the SOLAS Data Protection Officer at SOLAS Data Protection Officer, SOLAS, Castleforbes House, Dublin 1.

**7. CHANGES TO THIS NOTICE**

We may amend this Notice from time to time, in whole or part, at our sole discretion. Any changes to this Notice will be posted on the SOLAS website: <http://www.solas.ie>

If at any time we decide to use your Personal Data in a manner significantly different from that stated in this Notice, or otherwise disclosed to you at the time it was collected, we will notify you, and you will have a choice as to whether or not we use your information in the new manner.

**DECLARATION WHICH MUST BE SIGNED BY THE APPLICANT**

I declare that the information provided above is correct to the best of my knowledge and belief.

I understand that this information may be furnished to interested bodies

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION TWO (To be completed by a Social Welfare Officer)**

I hereby certify that ..... is currently In Receipt of a Social Welfare Payment

I declare that I have the authority to sign this form on behalf of Social Welfare.

Date: .....

Signed: .....

Position: .....

**Social Welfare Office  
Stamp**

**Please Note: This form will not be processed without Section Two being signed and stamped by your Social Welfare Officer where applicable**

**SECTION THREE (To be completed by a SOLAS Approved CSCS/QSCS Training Organisation)**

I wish to apply for a refund of the QQI certification fee of €40 for the above Learner under the QQI Certification Fee Waiver. Where the candidate is a Medical Card holder I confirm that the photocopy attached is a copy of the original card.

ATO Name: \_\_\_\_\_

Course Reference Number: \_\_\_\_\_

I confirm that the learner has not been charged for this cert.

Name: .....

Approved Internal Verifier

Signature: .....

Date: .....