INFORMATION SHEET &

QQI CERTIFICATION FEE WAIVER FORM

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.
**SECTION ONE**

**PERSONAL DETAILS** (please use a black ink ball-point pen and **BLOCK CAPITALS**)  
Name ................................................................................................................................................
Date of Birth ........../........../.......... PPSN ..............................................................................
Phone Number .................................................................................................................................
Address ............................................................................................................................................
......................................................................................................................................................
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

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**QPI 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 QPI 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 and (b) to correspond with you

   **Legal basis:** To process your Personal Data for the purpose of complying with legal obligations to which we are subject including to fulfil our statutory functions.

3. **DISCLOSURE OF YOUR PERSONAL DATA**

   We may disclose some or all of your Personal Data to the following parties: SOLAS business units, SOLAS service providers including SOLAS approved training organisations/Trainers/Assessors/Monitors, Education and Training Boards, Tipperary County Council and Quality and Qualifications Ireland. 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 the period for which your Card is valid and/or renewed and for a 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. Such Personal Data will be securely retained in line with the SOLAS records retention and disposal Procedure.

5. **YOUR RIGHTS**

   This subsection sets out the rights which you have to address any concerns or queries with us about our processing of your Personal Data:
<table>
<thead>
<tr>
<th>Right</th>
<th>Further Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Right to be Informed</strong></td>
<td>You have the right to know whether your Personal Data are being processed by us, how we use your Personal Data and your rights in relation to your Personal Data. We comply with this by way of this Notice.</td>
</tr>
<tr>
<td><strong>Right of Access</strong></td>
<td>You have the right to request a copy of the Personal Data held by us about you. We will only charge you for making such an access request where we feel your request is unjustified or excessive.</td>
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<tr>
<td><strong>Right to Rectification</strong></td>
<td>You have the right to request that we amend any inaccurate Personal Data that we have about you.</td>
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<tr>
<td><strong>Right to Erasure</strong></td>
<td>You have the right to ask us to erase your Personal Data where:</td>
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<td></td>
<td>(1) it is no longer necessary to perform your contract with us;</td>
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<td></td>
<td>(2) you object to the processing and we have no overriding legitimate grounds;</td>
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<td></td>
<td>(3) your Personal Data has been unlawfully processed; or</td>
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<td></td>
<td>(4) it must be erased to comply with a legal obligation.</td>
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<tr>
<td><strong>Right to Restriction of Processing</strong></td>
<td>You have the right to ask us to restrict processing your Personal Data in the following situations:</td>
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<td>(1) where you contest the accuracy of your Personal Data;</td>
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<td></td>
<td>(2) where the processing is unlawful and you do not want us to delete your Personal Data; or</td>
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<td>(3) where we no longer need your Personal Data for the purposes of processing but you require the data in relation to a legal claim.</td>
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<td>• When you exercise this right we may only store your Personal Data.</td>
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<td></td>
<td>• We may not further process the data unless you consent or the processing is necessary in relation to a legal claim or to protect the rights of another person or legal person or for reasons of important public interest.</td>
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<td>• We will inform you before the processing restriction is lifted.</td>
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<tr>
<td><strong>Right to Data Portability</strong></td>
<td>You may request us to provide you with your Personal Data which you have given us, in a structured, commonly used and machine-readable format and you may request us to transmit your Personal Data directly to another controller, where this is technically feasible. This right only arises where:</td>
</tr>
<tr>
<td></td>
<td>(1) we process your Personal Data on the legal basis that it is necessary to perform our contract with you; and</td>
</tr>
<tr>
<td></td>
<td>(2) the processing is carried out by automated means.</td>
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</table>

You can exercise any of these rights by submitting a request to the Data Protection Officer, SOLAS, 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 Office of the Data Protection Commissioner with regards to our processing of your Personal Data.

6. 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](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 by e-mail, and you will have a choice as to whether or not we use your information in the new manner.
7. 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.

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: ______________