Please complete all information legibly in BLOCK CAPITALS, and refer to the Guidance Notes to complete the form.

SWQR collects information about candidates on behalf of the Department for Transport. This information is used to administer the Register, and to produce SWQR ID cards. Please see www.swqr.org.uk for further details.

**AWARDING BODY REGISTRATION NUMBER:** ______________________

**EXISTING SWQR REGISTRATION NUMBER (AQs):** ______________________

**GENDER:** M ○ F ○ Other gender identity ○

**SURNAME:** ______________________

**FORENAME(S):** __________________________________________

**DATE OF BIRTH:** ______________________ (DD/MM/YYYY)

**ADDRESS WHERE CARD IS TO BE SENT**

Only complete this section if the card is NOT being sent to the Approved Centre.

**NAME:** ______________________

**LINE 1:** __________________________________________

**LINE 2:** __________________________________________

**TOWN:** __________________________________________

**POST CODE:** ______________________

**TICK ☑ 'FOR QUALIFICATIONS CERTIFICATED**

<table>
<thead>
<tr>
<th>OPERATIVES QUALIFICATIONS</th>
<th>☑</th>
<th>SUPERVISOR QUALIFICATIONS</th>
<th>☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1 Excavation in the road/highway</td>
<td>001/ 002/ 003</td>
<td>S1 Monitor excavation in the road/highway</td>
<td>001/ 010/ 011</td>
</tr>
<tr>
<td>O2 Excavation, backfilling and reinstatement of construction layers with a cold lay bituminous surface</td>
<td>001-006</td>
<td>S2 Monitoring excavation, backfilling and reinstatement of construction layers with bituminous materials</td>
<td>001/ 010-014</td>
</tr>
<tr>
<td>O3 Reinstatement of construction layers in hot and cold lay bituminous materials</td>
<td>001/ 002/ 006/ 007</td>
<td>S3 Monitoring reinstatement of construction layers in bituminous materials</td>
<td>001/ 010/ 014</td>
</tr>
<tr>
<td>O4 Reinstatement of concrete slabs</td>
<td>001/ 002/ 008</td>
<td>S4 Monitoring reinstatement of concrete slabs</td>
<td>001/ 010/ 015</td>
</tr>
<tr>
<td>O5 Reinstatement of modular surfaces and concrete footways</td>
<td>001/ 002/ 009</td>
<td>S5 Monitoring reinstatement of modular surfaces and concrete footways</td>
<td>001/ 010/ 016</td>
</tr>
</tbody>
</table>

**DATE CERTIFICATED** ______________________ (DD/MM/YYYY)

I certify that the details have been completed accurately. (SWQR will not be held liable for any inaccurate information.)

**SIGNATURE:** ______________________

**PRINT NAME:** ______________________

SWQR-2 2019
GUIDANCE NOTES

Please follow the guidance notes carefully.
Only complete this application once the candidate has been CERTIFICATED.

PLEASE NOTE THAT ALL FIELDS ON THIS APPLICATION ARE MANDATORY.

Complete the form legibly in BLOCK CAPITAL LETTERS. Please write only within the space provided.

Applications will be delayed/returned if there is an error on the form, or there is missing mandatory information, or the necessary fee has not been enclosed. As the ID card includes a digital image of the applicant, the photograph must meet the new SWQR photographic requirements. Please see the SWQR web page for further details: www.swqr.org.uk

Information provided on this application form will be verified against the information provided by the awarding body. Where there are discrepancies, the awarding body information will be assumed to be correct and the applicant will need to resolve this with the awarding body before the card can be processed by SWQR.

1. APPLICATION TYPE
Please tick the application type:
Initial Application – candidate is not on the register.
Additional Qualification Application – candidate is adding qualifications to existing records.

2. PRIMARY COUNTRY OF WORK
Please tick either Northern Ireland or Wales to indicate your main country of work.

3. APPROVED CENTRE NUMBER
Complete this box using the Approved Centre Number.

4. PURCHASE ORDER NUMBER
Where a centre (as per prior agreement with SWQR) is using Purchase Order Numbers, the Purchase Order Number box must be completed.

5. CANDIDATE DETAILS
Please complete the following candidate information:
- Awarding Body Registration Number. This is the number the candidate will have been assigned when registering for their qualifications.
- The existing SWQR Registration Number (AQs). For an Initial Application, the candidate will not have an SWQR Number.
- Gender – this field must be completed but a candidate can choose ‘other gender identity’ if they prefer not to specify ‘male’ or ‘female’.
- Full name and date of birth.
- Photographs attached to this form must meet the new SWQR photographic requirements which are available on our web page. This is to prevent applications being returned. Please use glue and do not staple the photograph to the form.

6. ADDRESS WHERE CARD IS TO BE SENT
Only complete this section if the ID card is NOT to be sent to the centre. Where address details have not been completed, the card will be dispatched to the centre.

7. QUALIFICATIONS CERTIFICATED
Only complete this section when the candidate has been certificated. Applications should not be submitted based on the assessment date. Tick the qualifications certificated.

8. SIGNATURE
Please read the declaration, sign and print name.

9. FEES AND PAYMENT
For the current fee structure, please see our website (details below).

RETURN FORMS TO:
THE STREET WORKS QUALIFICATIONS REGISTER (SWQR)
THE OPTIMA BUILDING
58 ROBERTSON STREET
GLASGOW
G2 8DQ

Telephone: 0345 270 2720
E-mail: swqr@sqa.org.uk
Website: www.swqr.org.uk

SWQR-2 2019