



FLOORLAYER APPLICATION FORM

Personal Details

First name: Surname:

Address:

Postcode:

Telephone number:

Mobile number:

Email address:

NI number: Unique tax reference:

CSCS

Passed CSCS H & S test: Yes No Date passed:

Do you have a CSCS card? Yes No CITB / CSCS number:

CSCS card type & colour: CSCS card expiry date:

Skills

	Experience (Years)	NVQ / City & Guilds		Experience (Years)	NVQ / City & Guilds
Carpet – Broadloom			Vinyl / Linoleum		
Carpet – Axminster			Vinyl – cap & cove		
Carpet – Tiles			Linoleum – cap & cove		
Amtico			Wood – Laminate		
Raised Access Flooring			Wood		
Screed / DPM					

Other Information

Work away from area: Distance will travel:

Have own transport: Estate Van Public liability insurance: Yes No

Work alone or employ a team: Number of fitters in team?

Recent Work & References

Description of Recent Work (including client name)

References (2 required):

Signed: Date: