## **Section One – Your Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Forename(s) | |  | | |
|  |  |  |  | | |  |
| Surname |  | | | | Date of Birth |  |
|  |  |  |  | | |  |
| Home Address |  | | | | | |
|  |  |  |  | |  | |
|  |  | | | | Post code |  |
|  |  |  |  | |  | |
| Home / Mobile Telephone Number |  | | | |  | |
|  |  |  |  | |  | |
| Employer |  | | | | | |
|  |  | | | | | |
| Work Address |  | | | | | |
|  |  |  |  | |  | |
|  |  | | | | Post Code |  |
|  |  |  |  | |  | |
| Work Telephone Number |  | | | |  | |
|  |  | | | |  | |
| Applicant’s Preferred Email Address |  | | | |  | |

### **Section Two – Accreditation Application:**

|  |  |
| --- | --- |
| Specify the route/level at which you want to become accredited: |  |
| (e.g. Light Vehicle Diagnostic Technician, Senior Panel Technician, Customer Service, MOT Manager, Hybrid, Air Conditioning) | | |
| Note: Please inform your assessment centre if you require any special assessment  arrangements (e.g. an interpreter) at the time you submit this application. **Section Three - Career History**   |  |  |  |  | | --- | --- | --- | --- | | Previous positions (over the last five years, starting with the most recent. Use a separate sheet of paper if necessary) | | | | | From / To | Job Title | Company Name | Type of Business | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |

### **Section Four – Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Details of relevant vocational and professional qualifications. Please attach COPIES of certificates and any supplementary information you may feel appropriate, e.g. current C.V. We regret that we are unable to return copies of certificates received. | | | |
| Date Achieved | Description | Place | Level / Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| IMI candidate number  (if applicable): |  | IMI membership number (if applicable): |  |
|  |  |  |  |

### **Section Six – Declaration:**

Upon successful completion of your accreditation, you will be registered on the IMI Professional Register.

I hereby apply for inclusion on the Professional Register. I confirm that the information supplied in support of my application is correct, that I have not been convicted of any offence relating to my employment in the motor industry, and that nothing has been withheld that would affect my suitability for inclusion.

I consent to this information being collated, stored and released for the purposes of the Professional Register, both in written and electronic format. This will be done in line with the principles of the General Data Protection Regulation and Data Protection Act 2018.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Signature | Date |