

Application for MOT Tester Training

Please answer the following questions, completing all sections in BLOCK CAPITALS.

1. APPLICANT DETAILS

EXPLANATORY NOTES

Title (Please Tick): Mr Mrs Miss Ms

Other: _____

First Name(s): _____

Surname: _____

Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Office number: _____

Candidate's number: _____

Email address: _____

Will you require any additional support during the course?

Yes No

Where would you like the practical test to be carried out?

RMI Academy

Other Location: _____

If Other, is it an active Vehicle Testing Station?

Yes No

Please Note: This must be as your name appears on your driving licence and is how your name will appear on any certification issued.

The RMI are not liable for misspelling of names on forms.

Supplementary documentation will be required to obtain additional support

Please state address

2. COMPANY DETAILS

EXPLANATORY NOTES

RMI Member? Yes No

Member Number (if applicable):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Company Address: _____

3. VEHICLE CLASSES

EXPLANATORY NOTES

What classes of vehicle do you wish to test?

Classes 1 & 2



Classes 4 & 7



Please only apply for one vehicle class per application form.

If you are applying for Classes 1 & 2, please proceed to Section 6.

4. VOCATIONAL QUALIFICATIONS (Classes 4 & 7)

EXPLANATORY NOTES

You must have an accepted qualification or accreditation if you want to test class 4 & 7 vehicles. Please list your eligible qualification below.

Awarding Body: _____

Qualification Title: _____

We will require to see a copy of the final certificate when submitting your application to confirm your eligibility.

Sight of the original certificate will be required on the first day of your course.

I can confirm I have got my Original hard copy certificate and will bring it on the first day of the course.

To view the list of accepted qualifications as per the DVSA, please visit:

www.gov.uk/become-an-mot-tester/eligibility

Please list the qualification title as it appears on your certification.

5. DECLARATION OF NON CONVICTION

EXPLANATORY NOTES

I confirm that I have NO UNSPECT CRIMINAL CONVICTIONS as defined in the Rehabilitation of Offenders Act 1974 for criminal offences connected with the Vehicle Testing Scheme or the motor trade, or involving acts of violence or intimidation.

I am aware that if, in the future it is brought to DVSA's attention that there are any such unspent convictions that have not been disclosed, this may result in the cessation of my approval to carry out statutory testing.

Please provide information (on a separate sheet) of any 'unspent' convictions for criminal offences connected with the Vehicle Testing Scheme or the motor trade or involving acts of violence or intimidation.

Signature:

6. TESTER ELIGIBILITY

Full Name: _____

Driving Licence Number: _____

| Qualifications | Date Achieved |
|----------------|---------------|
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| | |
| | |
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| | |

| Relevant 4 years full time employment and employer details | Date From | Date To | Relevant Duties |
|--|-----------|---------|-----------------|
| | | | |
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| Any Unspent Convictions or currently ceased from MOT Testing | Delete as appropriate |
|--|-----------------------|
| Yes | No |

If you answered **yes** please contact DVSA on 0300 123 9000 before proceeding.

030 Not-for-profit organisations, charities and public bodies cost per minute (approximate) up to 10p landlines, 3p to 40p mobiles

Employment History Evidence

You must provide a printed/ digital copy, of your employment history from [Get proof of employment history - GOV.UK](#).

If you are unable to do this, please state why in the box below:

If the evidence does not relate to the eligibility criteria, we will accept alternative evidence as detailed.

Employment History Evidence (Continued)

Evidence of employment history to be attached to this form.

This document must be retained by the Training provider in line with Awarding Organisation process and must be produced on request to the Awarding Organisation representative or any DVSA Vehicle Examiner on production of their warrant card. Failure to retain or produce this document on request will result in refusal by DVSA to carry out any future demonstration tests on candidates who have gained a level 2 award from this Training Provider

We collect, use, and store your personal data so that we can monitor and supervise the MOT scheme in line with our statutory duties. We do not routinely share your personal data unless we have a legal duty. For example, as part of a criminal investigation or to prevent fraud. Find out more at gov.uk/dvsa/privacy

Other evidence you can provide:

- Payslips
- Invoices
- Contract
- Reference letter from employer (signed and on company headed paper) or email from official company email address containing start and end date of employment, role(s) and stating if employment was full time
- If suitable, you can make a 'subject access request' with HMRC [Apply to make a subject access request to HMRC - GOV.UK](#) for tax year information prior to what is available on gov.uk employment history.

This list is not exhaustive.

Evidence must show details that cover the following: full name of learner, employer name, pay and/ or worked hours, start and end dates of relevant employment/ current employment, job description/ roles.

Reference(s)

You must provide at least one professional reference who can be contacted to verify the evidence you have provided. If you need to add more than three references, please use the 'additional information' box on page 3.

| Contact name and job role | Contact company and company address | Contact phone number and email address |
|---------------------------|-------------------------------------|--|
| | | |
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I confirm that I meet the Eligibility criteria for becoming a Tester as defined in the MOT Testing Guide and [https:// www.gov.uk/become-an-mot-tester](https://www.gov.uk/become-an-mot-tester)

I understand that I may be refused a DVSA demonstration test or disqualified from MOT testing if I have knowingly entered information that is incorrect. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006 (Common law fraud in Scotland).

Signature of Attendee _____

Print Name _____

Date _____

Declaration to be completed by Training Provider

I understand that I have verified the information provided and understand that if I have knowingly accepted information that is incorrect DVSA can refuse to complete further Demonstration Tests from this Training Provider/ Trainer. Providing false information or failure to disclose material information may result in prosecution under the Fraud act 2006 (Common law fraud in Scotland).

Signed by Training Provider _____

Training Provider _____

Print Name _____

Date _____

Additional information

Please use the box below if there is any additional required information that you need to include as part of your application:

This document must be retained by the Training provider in line with Awarding Organisation process and must be produced on request to the Awarding Organisation representative or any DVSA Vehicle Examiner on production of their warrant card. Failure to retain or produce this document on request will result in refusal by DVSA to carry out any future demonstration tests on candidates who have gained a level 2 award from this Training Provider

We collect, use, and store your personal data so that we can monitor and supervise the MOT scheme in line with our statutory duties. We do not routinely share your personal data unless we have a legal duty. For example, as part of a criminal investigation or to prevent fraud. Find out more at gov.uk/dvsa/privacy.

7. MANDATORY FULL UK DRIVING LICENCE CHECK

EXPLANATORY NOTES

Please access the DVLA website www.gov.uk/view-driving-licence and click on: “View or share your driving licence information” and create a licence check code.

You will need the following information to generate your check code:

- Driving Licence Number.
- National Insurance Number.
- Your Postcode.

Once you have viewed your details, you will need to choose the tab: “Share your licence information” and click “get code”.

Please Note: Your check code is CASE-SENSITIVE. Forms containing invalid check codes will be returned to the applicant.

Licence Check code:

| | | | | | | | |
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You must hold a full UK licence for the classes of vehicles you wish to test.

Driving Licence checks created by a candidate cannot be accepted as a valid form of verification. All checks must be carried out by the RMI Academy to ensure appropriate validity and checks conducted under any other circumstances are unacceptable.

8. DECLARATION *(The section below must be completed by the individual applicant)*

I declare that the information given on this form is correct. I understand that if I pass the course and progress onto become an MOT Tester:

- I will be legally responsible for the MOT test certificate and other official documents that I use.
- I must notify the Authorised Examiner at my VTS (or the DVSA Area Office if I am the Authorised Examiner) if my driving licence is suspended or restricted.
- I may be disqualified from testing if I fail to carry out tests to the required standard.

Signature

Print Name

Date

Equality Monitoring Form

We want to make sure that our services are provided fairly and to those who need them.

Please answer the questions below by ticking the boxes that you feel most describes you.

If you do not want to answer any specific question, then please leave it blank.

Some questions may feel personal, but the information we collect will be kept confidential and secure. The more information we collect, the more effective our monitoring will be. **If we are not aware of any requirements we may not be able to cater to these during the course.**

Ethnicity

White

- English / Welsh / Scottish / British / Northern Irish
- Irish
- Gypsy / Irish Traveller
- Roma
- Other European (please state) _____

- Other white background (please state) _____

Asian or Asian British

- Indian
- Bangladeshi
- Pakistani
- Chinese
- Other Asian background (please state) _____

Other Ethnic Group

- Yemeni
- Other Arab
- Other ethnic group _____

Mixed / Dual Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background (please state) _____

Black / African / Caribbean or Black British

- Caribbean
- Somali
- Other African background _____
- Other Black background (please state) _____

Gender

- Male
- Female

Disability

Do you consider yourself to have a disability? Yes No

Impairment

Do you consider yourself to have an impairment? Yes No

If you have ticked yes to either question above, please tick the boxes below that best describes your answer:

- Hearing e/g profound to mild deafness
- Communication e.g. Speech
- Visual e.g. Blind or Partially sighted
- Mobility or Physical e.g. Walking, Dexterity
- Long Term Illness or Health Condition
- e.g Cancer, HIV, Diabetes, Chronic Heart Disease, Rheumatoid Arthritis, Chronic Asthma
- Developmental e.g Dyslexia
- Learning e.g Downs Syndrome
- Impaired memory / Concentration or ability to understand e.g Stroke, Dementia, Head-Injury
- Mental ill-health e.g Bi Polar Disorders, Schizophrenia, Depression
- Other (please state) _____

Will you require any additional support during the course? Yes No

Age

- Under 16
- 16-25
- 26-39
- 40-64
- 65-80
- 80+

Relationship Status

- Civil Partnership
- Married
- Co-habiting
- Single
- Other (please state) _____

Faith / Religion / Belief

- Atheist / None
- Buddhism
- Hinduism
- Islam
- Other (please state) _____
- Baha'i
- Christianity
- Humanism
- Judaism
- Sikhism

Do you actively practice your religion / belief? Yes No

Do you have any dietary requirements?

Yes No If yes please state

Thank You for Participating