## **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 better the information is that we collect, the more effective our monitoring will be.

Ethnicity	,												
White						Mix		<b>Dual Herit</b>					
	English / Welsh / Scottish / British / Northern Irish					White and Black Caribbean							
	Irish						White and		Africai	n			
	Gypsy / Irish Traveller					White and							
	Roma							Other mix	ed back	grour	nd (p	lease state)	
	Other European (p	lease	e state)										
						Blac	k / A	African / Ca	aribbea	n or B	Black	British	
	Other white backg	roun	d (please	e state)				Caribbean	1				
								Somali					
Asian or	Asian British							Other Afri	can bac	kgrou	ınd		
	Indian									0			
	Bangladeshi							Other Blad	rk backs	roun	d (ple	ease state)	
	Pakistani					_	•		5. 0 0	G (P.			
	Chinese												
	Other Asian backgi	roun	d (nleace	ctatal									
	_			-		Ger	dor						
Othor F	hais Craun					Ger		N/ala					
	thnic Group							Male					
	Yemeni							Female					
	Other Arab												
	Other ethnic group	)											
Disabili	•					_		_					
Do you	consider yourself t	o ha	ve a disa	bility?		Ш	Yes		No				
Impairr	ment												
Do you	consider yourself t	o ha	ve an im	pairment?			Yes		No				
•	· ·			-	<b>+</b> :- -	tha hawa	, hal	<b></b>		، ممانس			
ii you iia	ve ticked yes to ei	uiei	questioi	i above, pi	ease lick	the boxes	bei	ow that be	st desc	libes	your	answer.	
	Hearing of a profe	ام میں	to mild	doofooss			Los	wning o g F	Sauma C	un dra			
	Hearing e/g profound to mild deafness						rning e.g [				tana analatika		
	5 1					-		-			ion or ability		
	, ,							d e.g Str	oke, L	Jeme	entia, Head-		
	Mobility or Physical e.g. Walking, Dexterity				_	lηjι	-						
	Long Term Illness or Health Condition						ntal ill-hea	_		ar Dis	sorders,		
	e.g Cancer, HIV, Diabetes, Chronic Heart Disease,					iizophrenia		ssion					
	Rheumatoid Arth	ritis,	Chronic	Asthma			Oth	ner (please	state)				
	Developmental e	.g Dy	slexia										
Will yo	u require any addit	tiona	ıl suppoi	rt during th	ie		Yes	5			No		
course	?												
Age						Faith /	Relia	gion / Belie	ef				
	Under 16		16-25		26-39	, ,		,,			_	5 L 1:	
	40-64		65-80		<del>80+</del>		Ath	neist / Non	e			Baha'i	
							Bu	ddhism				Christianity	
Polatio	nship Status							nduism				Humanism	
Kelatioi	isiiip Status											Judaism	
	Civil Partnership			Married			Isla					Sikhism	
_	Co-habiting		_				Oti	ner (please	state)				
	_	١١		Single									
	Other (please stat	te)				D		-41 l		1		/  1: -40	
						Do A		ctively pra	-		igion	i / bellet?	
							Ц	Yes		NO			
				The	ak Va £	or Dont:	ni <u>-</u> -	tina					
				ınaı	nk You f	or Parti	riba	ung					



# **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):	Please Note: This must be as your name appears on your driving licence and is how your name will appear on any certification issued.					
Surname:	The RMI are not liable for misspelling of names on forms.					
Date of Birth:  DDMMYYYY						
Will you require any additional support during the course?  Yes No	Supplementary documentation will be required to obtain additional support					
Where would you like the practical test to be carried out?						
RMI Academy						
Other Location:	Please state address					
If Other, is it an active Vehicle Testing Station?						
Yes No If yes, please provide us with the relevant VTS Number						
2. COMPANY DETAILS	EXPLANATORY NOTES					
RMI Member? Yes No						
Member Number (if applicable):						
Company Address:						



### 3. MOTOR TRADE EXPERIENCE

**EXPLANATORY NOTES** 

Employer:			The DVSA requires that			
Start	Date			End D	ate	you must have at least
M M	Y	Y	M	M	YY	4 years full time experience repairing the classes of vehicle
Job Title:						you wish to test and be
Description of Duties:						able to evidence this if required.
						In addition, your Description of Duties should be in depth and in detail. You should provide 2-3 sentences for each Employer,
						these must include
Employer:						examples of repair and maintenance work that
Start	Date			End D	ate	you are competent at
M M	Y	Y	M	M	YY	carrying out.
Job Title:	<u> </u>		l		l l	
Description of Duties:						
						-
Employer:						
Start	Date		<u></u>	End D	ate	
M M	Y	Y	M	M	YY	
Job Title:					<u> </u>	
Description of Duties:						Should you require

Should you require more space to detail your working history, please reprint Section 3 and continue as needed.



4. VEHICLE CLASS	ES	EXPLANATORY NOTES	
What classes of ve	Please only apply for one vehicle class per application form.		
Classes 1 & 2		If you are applying for Classes 1 & 2, please	
Classes 4 & 7		proceed to Section 6.	
5. VOCATIONAL QU	JALIFICATIONS (Classes 4 & 7)	EXPLANATORY NOTES	
You must have an act to test class 4 & 7 velbelow.	To view the list of accepted qualifications as per the DVSA, please visit:		
Awarding Body:		www.gov.uk/become- an-mot-tester/eligibility	
Qualification Title: _		Please list the qualification title as it appears on your certification.	
•	e a copy of the final certificate when submitting onfirm your eligibility.		
Sight of the original ocurse.	ertificate will be required on the first day of your		
6. DECLARATION O	F NON CONVICTION	EXPLANATORY NOTES	
I confirm that I have N defined in the Rehabi offences connected v trade, or involving ac	Please provide information (on a separate sheet) of any 'unspent' convictions		
I am aware that if, in the there are any such ur this may result in the testing.	for criminal offences connected with the Vehicle Testing Scheme or the motor trade or involving acts of violence or intimidation.		
Signature:		]	



### 7. MANDATORY FULL UK DRIVING LICENCE CHECK **EXPLANATORY NOTES Driving Licence No:** You must hold a full UK licence for the classes of vehicles you wish to test. Please access the DVLA website <a href="www.gov.uk/view-driving-licence">www.gov.uk/view-driving-licence</a> 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 checks Driving Licence Number.** created by a candidate National Insurance Number. cannot be accepted as Your Postcode. a valid form of Once you have viewed your details, you will need to choose the tab: "Share verification. All checks your licence information" and click "get code". must be carried out by the RMI Academy to Please Note: Your check code is CASE-SENSITIVE. Forms containing ensure appropriate invalid check codes will be returned to the applicant. validity and checks conducted under any other circumstances Licence Check code: 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**