

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

- 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

Thank You for Participating

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
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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

If yes, please provide us with the relevant VTS Number

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):

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Company Address: _____

3. MOTOR TRADE EXPERIENCE

EXPLANATORY NOTES

Employer:							
Start Date				End Date			
M	M	Y	Y	M	M	Y	Y
Job Title:							
Description of Duties:							

The DVSA requires that you must have at least 4 years full time experience repairing the classes of vehicle you wish to test and be 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 examples of repair and maintenance work that you are competent at carrying out.

Employer:							
Start Date				End Date			
M	M	Y	Y	M	M	Y	Y
Job Title:							
Description of Duties:							

Employer:							
Start Date				End Date			
M	M	Y	Y	M	M	Y	Y
Job Title:							
Description of Duties:							

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

4. 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.

5. 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.

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.

6. DECLARATION OF NON CONVICTION

EXPLANATORY NOTES

I confirm that I have NO UNSPENT 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:

