



CANDIDATE APPLICATION FORM
IMIAL Level 3 Award in Automotive Refrigerant Handling
 (EC842-2006) (QCF)QCA ID No: 500/6771/0



Centre Name:	TEN Automotive Equipment Ltd	Centre No:	0911829
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Title:		Surname:		
Forename (s):			Date of Birth:	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Disabled Reg. Number (if applicable)				
Ethnic Origin:		Special Needs (see codes overleaf)		

Home Address:			
		Postcode:	
Telephone No:		Email:	

Employer Name:			
Employer Address:			
		Postcode:	
Telephone No:		Email:	

Previous Relevant Qualifications (including level and route):	Date:



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Previous Relevant Experience:	Date:

Declaration by the candidate:

I declare that the information given is correct to the best of my knowledge and belief.

Signed: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Name: (Please print) <input style="width: 98%;" type="text"/>	

Please return to: TEN Automotive Equipment Ltd, 3 Lubeck Road, North Lynn Industrial Estate, King's Lynn, Norfolk, PE30 2JE. Email: info@ten-automotive.co.uk Fax: 01553 770002

Special Needs	Code
Sight	S
Hearing	H
Learning	L
Mobility	M
Other	X
Candidate prefers no statement	O

Office Use Only:

Signed: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Name: <input style="width: 98%;" type="text"/>	PIN: <input style="width: 98%;" type="text"/>