



INSTITUTE
OF THE MOTOR
INDUSTRY

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:	<input type="text"/>	Surname:	<input type="text"/>
Forename (s):	<input type="text"/>		Date of Birth: <input type="text"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Disabled Reg. Number (if applicable)	<input type="text"/>		
Ethnic Origin:	<input type="text"/>	Special Needs (see codes overleaf)	<input type="text"/>

Home Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone No:	<input type="text"/>	Email:	<input type="text"/>

Employer Name:	<input type="text"/>		
Employer Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Telephone No:	<input type="text"/>	Email:	<input type="text"/>

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 type="text"/>	Date:	<input type="text"/>
Name: (Please print)	<input 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 type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	PIN:	<input type="text"/>