



RECOGNISING AUTOMOTIVE PROFESSIONALS

Please complete all sections in BLOCK CAPITALS using blue or black ink.

ABOUT ME

Title:	Forename(s):	Surname:
<hr/>		
Date of birth:	Postcode / Zip:	
<hr/>		
Home telephone:	Mobile number:	
<hr/>		
Email address:	IMI Membership no.:	
<hr/>		
Job title:	Employer name:	
<hr/>		
Job Family:	Working Level:	
<hr/>		

Please enter the best fit from the following Job Families:

- Management and Leadership • Technical • Customer Service
- Sales • Business Support • Education and Training

Please enter the best fit from the following Working Levels:

- Semi skilled • Skilled • Highly skilled • First line management
- Middle management • Senior strategic management • Senior technical specialist

I WOULD LIKE TO APPLY FOR:

- Membership Upgrade
- Engineering Award*
- Upgrade Engineering Award*
- Trainer Assessor Award*
- Upgrade Trainer Assessor Award*

*Please note that additional application and subscription fees may apply.

REASON FOR UPGRADE:

- Change of job role
- Promotion
- Gained additional experience
- New qualifications/training
- Other _____

Please give more information in the relevant boxes overleaf.

MY CAREER

Please enter details of any updates in your career that may be relevant to your upgrade application.

Company:	Job title:	Working level:	From (mm/yy):	To (mm/yy):
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>



MY ACHIEVEMENTS

PLEASE ENTER DETAILS OF ANY QUALIFICATIONS OR TRAINING THAT MAY BE RELEVANT TO YOUR UPGRADE APPLICATION

Certification Types

- Apprenticeship
- Degree
- Other qualification
- Manufacturer/employer programme
- Other

Please enclose COPIES of certificates and any supplementary information you may feel appropriate, e.g. CV. We regret that we are unable to return copies of certificates received.

Course/Qualification Details

Course/qualification name: _____

Awarded by: _____

Country of study: _____

Certification type: _____

Start date: _____

End date: _____

Course/Qualification Details

Course/qualification name: _____

Awarded by: _____

Country of study: _____

Certification type: _____

Start date: _____

End date: _____

DATA PROTECTION

- I understand and consent to the information provided on this form being processed by the Institute of the Motor Industry (IMI) for its sole use and that of its associated network, including my Local Network, for the purpose of promoting, delivering and improving my membership experience and its products and services or such other purposes as described in the IMI privacy statement.

The IMI privacy statement can be found at www.theimi.org.uk/privacy-policy

APPLICATION CHECK LIST

- Fill in your details
- Enclose any supporting information
- Enclose your application fee

DECLARATION

- I declare that the statements made on this form are to the best of my knowledge true. I agree to comply with the Professional Standards of the Institute of the Motor Industry (IMI) and understand that this is a commitment to behave ethically within my profession.
- I will do my best to promote the interest of the IMI. I confirm that I have not committed any offence of which the IMI would require to give notice under its complaints policy.

The complaints policy can be found at www.theimi.org.uk/complaints-page and Professional Standards can be found at www.theimi.org.uk/standards

Please complete and return this form to the address below, with the enclosed application fee of £10.50 (non-refundable) by cheque made payable to 'The Institute of the Motor Industry' or pay over the phone by calling +44 (0)1992 519 025. Please allow up to 14 days for your application be processed.

Membership Services
Freepost RTLU-XBEZ-URRY
Institute of the Motor Industry
Fanshaws, Brickendon, Hertford SG13 8PQ



Sign: _____

Date: _____

Internal use only

Ref: _____

IMI MEMBERSHIP RECOGNISING AUTOMOTIVE PROFESSIONALS