



Please return all forms to lisa@themotgroup.co.uk

Things to return	
Application Form	✓
IMI Registration Form	
Photo ID - Photo Card Drivers Licence / Copy of Passport	

To Bring on the day	
Lunch	✓

HOTELS	Local accommodation – approx. 5-10 mins drive from training centre
Premier Inn Bicester	Premier Inn Bicester
Holiday Inn Bicester	Holiday Inn Bicester
Travel Lodge Bicester	Travel Lodge Bicester



Application for MOT Managers Course

Please complete in BLOCK CAPITALS

APPLICANT DETAILS

FULL NAME

HOME ADDRESS

Please note – all information must be completed in full

POSTCODE

DATE OF BIRTH

EMAIL ADDRESS

TELEPHONE NUMBER

MOTOR TRADE EXPERIENCE

START DATE	END DATE	EMPLOYER	DUTIES

There are no formal entry requirements for this qualification.

Please note that the DVSA will check its criteria when learners apply to become an Mot Manager. It is important that they meet the requirements on the gov.uk website.

PLEASE SIGN BELOW

DECLARATION OF NON CONVICTION

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, of 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 operate a Testing Station.

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 intimidation or violence.

Signature

Applicant to Complete

I declare that the information given on this form is correct.

Signature

Print Name

Job Title

Date

Centre Name:	The MOT Training & Compliance Group LTD			Centre No:	000715
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Title (circle as applicable)	Mr	Mrs	Miss	Ms	Other:	
Surname:						
Forename(s):						
Date of Birth (Must be completed):			Gender: (circle as applicable)	Male	Female	
Ethnic Origin Number (see codes overleaf)			Special Needs (see codes overleaf)			

IMI Candidate ULN Number (if applicable)		Scottish Candidate Number (if applicable)	N/A
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Home Address:			
	Postcode:		
Telephone No:		Mob No:	
Email:			

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

Qualification Number:	Qualification Title (including level and route):	Optional Units (ID No's):
610/3973/1	IMI LEVEL 3 TECHNICAL SPECIALIST IN MOT TEST CENTRE MANAGEMENT (AWARD)	N/A

Signed: Date:

Purchase Order No:

Name: (Please print) PIN:..... N/A.....

N/A

England & Wales	C
White	
British	01
Irish	02
Any other white background	03
Mixed	
White and black Caribbean	04
White and black African	05
White and Asian	06
Any other Mixed background	07
Asian or Asian British	
Indian	08
Pakistani	09
Bangladeshi	10
Any other Asian background	11
Black or Black British	
Caribbean	12
African	13
Any other Black background	14
Chinese or other ethnic group	
Chinese	15
Any other ethnic group	16

Scotland (S/NVQ only)	Code
White	
Scottish	41
Other British	42
Irish	43
Any other White background	44
Mixed	
Any Mixed background	45
Asian, Asian Scottish or Asian British	
Indian	46
Pakistani	47
Bangladeshi	48
Chinese	49
Any other Asian background	50
Black, Black Scottish or Black British	
Caribbean	51
African	52
Any other Black background	53
Other ethnic background	
Any other ethnic group	54

Northern Ireland	C
White	21
Chinese	22
Irish traveller	23
Indian	24
Pakistani	25
Bangladeshi	26
Black Caribbean	27
Black African	28
Black Other	29
Mixed ethnic group	30
Any other ethnic group	31

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