# IAM RoadSmart_Logo_RGB Approved-Centre-primary

# IAM RoadSmart Observer Qualification Registration

# – National & Local

## Candidate Information

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | | |
| Surname |  | | |
| First name |  | | |
| Street Address |  | | |
| Town |  | Postcode |  |
| Home Phone |  | Mobile |  |
| E-Mail Address |  | | |
| Date of Birth (dd/mm/yyyy) |  | IAM Member No. |  |
| Signature & Date |  | | |

## Additional Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Observer Status(tick applicable role) | | Trainee |  | Qualified | |  | Senior |  |
| Vehicle Reg. |  | | Make & Model | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| QAA-INSTIT-01 | IAM National Observers Programme (Car) |  | (Tick applicable qualification) |
| QAA-INSTIT-02 | IAM National Observers Programme (M/C) |  |
| QAA-INSTIT-03 | IAM Local Observers Programme (Car) |  |
| QAA-INSTIT-04 | IAM Local Observers Programme (M/C) |  |

## Group Information

|  |  |
| --- | --- |
| Group Name |  |
| Group Number |  |
| This application will be forwarded to your local group Chair or Secretary for endorsement before registering with the IMI. | |

## Equal Opportunities Information

|  |  |
| --- | --- |
| Ethnic Origin No. (see codes overleaf) |  |
| Disabled Reg. No. (if applicable) |  |
| Special Needs (see codes overleaf) |  |

I agree that the Institute And its officers and employees shall not be under any liability for any injury, damage or loss whatever and however caused and that I am bound by the Articles of Association of the Institute and any of its Rules and Regulations made from time to time. I understand that should I carry out any observing beyond my 76th Birthday the cover provided by the Groups Permanent Accident Policy is restricted to a death benefit only and all cover ceases beyond my 82nd birthday.

**The IAM pay a £20 non refundable deposit to the IMI for each candidate registered. Please be certain that you are fully committed to completing the course prior to registering as the registration charge will be passed on to your local group if you do not complete the course.**

Please Complete and return to:

Customer Care Team (IMI) Or Email to:

IAM RoadSmart

1 Albany Place

Hyde Way

Welwyn Garden City

AL7 3BT

[imiqualifications@iam.org.uk](mailto:imiqualifications@iam.org.uk)

## Equal Opportunities Codes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **England & Wales** | **Code** |  | **Scotland** | **Code** |
| **White** | |  | **White** | |
| British | 01 |  | Scottish | 01 |
| Irish | 02 |  | Other British | 01 |
| Any other white background | 03 |  | Irish | 02 |
| **Mixed** | |  | Any other white background | 03 |
| White and black Caribbean | 04 |  | **Mixed** | |
| White and black African | 05 |  | Any mixed background | 07 |
| White and Asian | 06 |  | **Asian, Asian Scottish or Asian British** | |
| Any other mixed background | 07 |  | Indian | 08 |
| **Asian or Asian British** | |  | Pakistani | 09 |
| Indian | 08 |  | Bangladeshi | 10 |
| Pakistani | 09 |  | Chinese |  |
| Bangladeshi | 10 |  | Any other Asian background | 11 |
| Any other Asian background | 11 |  | **Black, Black Scottish or Black British** | |
| **Black or Black British** | |  | Caribbean | 12 |
| Caribbean | 12 |  | African | 13 |
| African | 13 |  | Any other Black background | 14 |
| Any other Black background | 14 |  | **Other ethnic background** | |
| **Chinese or other ethnic group** | |  | Any other ethnic group | 16 |
| Chinese | 15 |  |  |  |
| Any other ethnic group | 16 |  | Candidate prefers no statement | 55 |
|  |  |  |  |  |
| **Northern Ireland** | **Code** |  |  |  |
| 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 Codes

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