



Institute of Master Tutors of Driving



Statement of Particulars

Please complete both pages of this form as appropriate (it can be printed or completed electronically in Adobe Acrobat Reader and saved under a new file name to allow it to be attached to an email) and returned by either:

Post to:
IMTD Secretary
24 Highfield Road
Huyton
KNOWSLEY L36 3XA

Email to:
secretary@imtd.org.uk

FULL Name:		
Name for IMTD Diploma (If different to above)		
Contact Details	Home Address:	Business Address (if applicable):
	Postcode	
	Telephone No.	
	Mobile No.	
	Email address	
Business Name (Where applicable)		
Which address would you prefer to be made known to other IMTD Members through the IMTD Membership List.	Please indicate Home or Business as appropriate <input type="radio"/> Home <input type="radio"/> Business <input type="checkbox"/> Do not make my postal address available to other IMTD Members.	
Present Status (indicate as appropriate)	<input type="checkbox"/> Self employed <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Other (Details below) Other _____	

Please continue overleaf onto page 2

IMTD OFFICE USE ONLY
Date of Interview _____ by _____
Membership Number _____ or reason for Postponement _____
Date Inducted into Membership _____



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ADI Qualification Date: (if applicable)		ADI Registration No.: (if applicable)	
Qualifications held (Industry related)			
Particulars of any endorsements, points, other motoring convictions, or prosecutions pending (if applicable)			
My previous IMTD attendance(s)	I attended on _____ as a guest of _____ I attended on _____ as a guest of _____		
Any other comments			
IMTD Meeting Attendance	<input type="checkbox"/> I confirm I will be able to attend the IMTD Meetings on a regular basis (mandatory)		
Checklist prior to submission to the IMTD Secretary:	I have enclosed with this form: <input type="checkbox"/> My CV (mandatory) <input type="checkbox"/> My Paper (mandatory) <input type="checkbox"/> Any other Supporting Info (list below) Supporting Info _____		
Signature and Date:	Signature _____ Date _____		