

VEHICLE DAMAGE ASSESSOR ATA – PART A CANDIDATE APPLICATION FORM

Assessment Date Preferred:

Venue:

Section One – Your Details:

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>	Post code	<input type="text"/>
Home / Mobile Telephone Number	<input type="text"/>		
Employer	<input type="text"/>		
Work Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Work Telephone Number	<input type="text"/>		
Applicant's Preferred Email Address	<input type="text"/>		

Section Two – Declaration:

I confirm that I have the relevant industry experience (i.e. a minimum of 5 years motor industry experience with at least 2 years industry experience in an appropriate role i.e. vehicle estimator or similar).

Signature	<input type="text"/>	Date	<input type="text"/>
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Please arrive at the assessment centre at least 30 minutes before the assessment is due to take place. You will be expected to provide proof of your identity – either a current passport or photo-style driving licence.

Please return this form to your assessment centre at least two weeks before your required assessment date, to book your place