

# DISTANCE LEARNING



## APPLICATION FORM

COMPLETE **ALL** QUESTIONS IN BLOCK CAPITALS PLEASE

SURNAME Dr/Mr/Mrs/Miss/Ms \_\_\_\_\_

FORENAME(S) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMAIL address for correspondence \_\_\_\_\_

PREVIOUS Education/Qualifications \_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE IN SURFACE FINISHING OR ENGINEERING INDUSTRY

Dates	Company	Experience
_____	_____	_____
_____	_____	_____

PRESENT JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Employer ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

Work Tel No \_\_\_\_\_ Work Email \_\_\_\_\_

**MENTOR'S** NAME \_\_\_\_\_ Email: \_\_\_\_\_

(BOTH MUST BE SUPPLIED)

COMPANY CONTACT

NAME \_\_\_\_\_ Email: \_\_\_\_\_

(BOTH MUST BE SUPPLIED)

Contact name and email for INVOICE \_\_\_\_\_

COMPANY MEMBERSHIP NUMBER (IF APPLICABLE) \_\_\_\_\_

Who is paying the FEE \*Company/Self \_\_\_\_\_ Company Membership No (if applicable) \_\_\_\_\_

I am/am not already a member of the Institute of Materials Finishing - Membership No .....

**The fee paid for each course includes FREE individual Affiliate membership for 1 year from your course start date, at the end of the year we hope you will renew your membership.**

PLEASE INDICATE THE COURSE YOU WISH TO ENROL ON BY TICKING:

**FOUNDATION**  **TECHNOLOGY BLOCK TITLE:** Organic/Electroplating/Aerospace? \_\_\_\_\_

Units 1 – 7 are mandatory. Please circle remaining **THREE (3) units ONLY:**

8 9 (double unit) 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

**OR**

**TECHNICIAN Module**

Principles of Electroplating

Electroplating Practice

Paint, Lacquer & Varnish

Powder Coatings

Environmental, Health & Safety

Materials Science

Automotive

Electroforming

**OR**

**LICENTIATE**

How did you hear of this course? .....

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**Declaration**

I, the undersigned, apply to be admitted to the Institute of Materials Finishing as an Affiliate and undertake, in the event of my election, to act professionally, to maintain the dignity and welfare of the Institute and to observe the Institute’s Code of Conduct for Members (March 2010).

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

\* Please delete as appropriate

A COMPANY CONTACT NAME **MUST** BE PROVIDED IF THE COMPANY IS FUNDING THE COURSE

THE COMPLETED APPLICATION FORM SHOULD BE SENT TO:

[training@materialsfinishing.org](mailto:training@materialsfinishing.org)

**Privacy Notice**

Your privacy and the security of all information that you give us are of vital importance. Your personal information will be held on our Membership/Student Database in accordance with GDPR regulations. Your information will be held for a maximum of five years after your membership ends, or after you have completed one of our training courses. We will not sell or pass on your information for marketing purposes. We will pass details of your name and address to our contracted magazine publication company to enable publications to be mailed to your address.