



THE INSTITUTE OF THE MOTOR INDUSTRY

## IMI Research Request Form

Date of request: \_\_\_\_\_

### Contact information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Company/Department: \_\_\_\_\_

Address: \_\_\_\_\_

**Please provide a brief explanation of the information/data requested, how you will use the report, why it is needed and your intended audience:**

### By what date/time is this information required?

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Time of Day: AM:  PM:

**Frequency** One off:  Annual:

Other (Please specify): \_\_\_\_\_

**Format required** (Table, Map, Spreadsheet, Report etc. – please specify):

### If you would like to receive IMI newsletters please confirm which you are interested in:

- Torque: Email for employers, to let them know about new products & services, IMI activities and encouraging engagement for consultation activities
- Drive Forward: Email for training providers, to let them know about new products & services, funding opportunities, IMI activities and encouraging engagement for consultation activities
- Awarding Bodies: Awarding bodies that award specific qualifications, approve assessment centres, manage the external verification process and award certificates to candidates

### Internal Use Only

Date Received: \_\_\_\_\_

Project Number: \_\_\_\_\_ Project Leader: \_\_\_\_\_

Estimated number of working hours needed to complete this request: \_\_\_\_\_