

Personal Details

Name: _____

Age and Gender

Date of Birth (DD/MM/YYYY) _____

Gender Male Female _____

Disability

The information you provide will not be used as part of the selection process, but will be used by the University to monitor its processes.

Do you have a disability or a medical condition that might require special arrangements or facilities? YES NO

Please tick relevant box if you have any of the following disabilities/medical conditions:

- | | |
|---|---|
| <input type="checkbox"/> A specific learning difficulty (e.g. dyslexia) | <input type="checkbox"/> Mental health difficulties |
| <input type="checkbox"/> Blind / partially sighted | <input type="checkbox"/> An unseen disability (e.g. diabetes, epilepsy, asthma) |
| <input type="checkbox"/> Deaf / hearing impairment | <input type="checkbox"/> Personal care support |
| <input type="checkbox"/> Wheelchair user / mobility difficulties | <input type="checkbox"/> Autistic spectrum disorder or Asperger's syndrome |
| <input type="checkbox"/> Multiple disabilities (please specify) _____ | |
| <input type="checkbox"/> A disability not listed above (please specify) | <input type="checkbox"/> Prefer not to say |

Please give any further details _____

Ethnic Origin

WHITE

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Other Asian background (please specify) |
| <input type="checkbox"/> Irish Traveller | _____ |
| <input type="checkbox"/> Other white background (please specify) | |

BLACK OR BLACK BRITISH

- Caribbean
- African
- Other Black background (please specify)
- _____

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani

MIXED

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background (please specify)
- _____
- Other ethnic background (please specify)
- _____
- Prefer not to say