

Equal Opportunities Monitoring Form



Please help us in monitoring applications by completing this form and returning it with your application. Ethnic origin and disability information on this form will be used for monitoring purposes only and will not be available to the Admissions Tutor.

Surname / Family Name:

Forenames:

Name of Course / Programme for which you are applying:

Type of Course / Programme for which you are applying:

- Undergraduate
- Postgraduate
- Professional

Ethnic origin (please tick ONE code)

- | | |
|--|--|
| <input type="checkbox"/> 11 White – British | <input type="checkbox"/> 12 White – Irish |
| <input type="checkbox"/> 19 Other White background | <input type="checkbox"/> 21 Black or Black British – Caribbean |
| <input type="checkbox"/> 22 Black or Black British – African | <input type="checkbox"/> 29 Other Black background |
| <input type="checkbox"/> 31 Asian or Asian British – Indian | <input type="checkbox"/> 32 Asian or Asian British – Pakistani |
| <input type="checkbox"/> 33 Asian or Asian British – Bangladeshi | <input type="checkbox"/> 34 Chinese or Other Ethnic background – Chinese |
| <input type="checkbox"/> 39 Other Asian background | <input type="checkbox"/> 41 Mixed – White and Black Caribbean |
| <input type="checkbox"/> 42 Mixed – White and Black African | <input type="checkbox"/> 43 Mixed – White and Asian |
| <input type="checkbox"/> 49 Other Mixed background | <input type="checkbox"/> 80 Other Ethnic background |
| <input type="checkbox"/> 90 Not known | <input type="checkbox"/> 98 Information refused |

Students With a Disability (please tick ONE code)

- | | |
|---|---|
| <input type="checkbox"/> 01 Dyslexia | <input type="checkbox"/> 02 Blind / Partially Sighted |
| <input type="checkbox"/> 03 Deaf / Hearing Impairment | <input type="checkbox"/> 04 Wheelchair user / Mobility Impaired |
| <input type="checkbox"/> 05 Personal Care Support | <input type="checkbox"/> 06 Mental Health Difficulties |
| <input type="checkbox"/> 07 Unseen Disability (e.g. Asthma) | <input type="checkbox"/> 08 Multiple Disabilities |
| <input type="checkbox"/> 09 Other Disability | |

Are you in receipt of a Disabled Student Allowance (Y / N)

Please return this form with your application to the University