

# Equal Opportunities Monitoring Form

## Graduate School

**THIS INFORMATION WILL NOT BE USED AS PART OF THE APPLICATION ASSESSMENT PROCESS**

### 15 Age and Gender

<b>Date of Birth</b> (dd/mm/yyyy)	<b>Sex</b>
	<input type="checkbox"/> Male <input type="checkbox"/> Female

### 15.1 Other Information

**Are you a member of UWE Staff or a current UWE Student?**  Yes  No

If 'Yes' please specify the title of appointment or programme of study/registration number

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**Have you applied for postgraduate study at UWE before?**  Yes  No

If 'Yes' please give details of the programme(s) applied for

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**With regards to your current application, if you have already contacted a member of the University about your application please give his or her name below (and department if known)**

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**Are you currently applying for any other programmes at UWE?**  Yes  No

If 'Yes' please give details of the programme(s) you are applying for

### 15.2 Opportunities at UWE

**Where did you first hear about opportunities for postgraduate study at UWE?** *(Please place a cross in the correct box)*

<input type="checkbox"/> British Council	<input type="checkbox"/> Former student	<input type="checkbox"/> School/University
<input type="checkbox"/> British Education Exhibition	<input type="checkbox"/> Careers advisor	<input type="checkbox"/> UWE website
<input type="checkbox"/> Article/Advertisement (please specify)		
.....		
<input type="checkbox"/> Other website (please specify)		
.....		
<input type="checkbox"/> Other source (please specify)		
.....		

### 15.3 Criminal Convictions

**Do you have any criminal convictions, excluding motoring offences for which a fine and/or a maximum three penalty points were imposed, or a spent conviction?** *(Please place a cross in the correct box)*

Yes  No

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If you are disabled or have a medical condition that might require special arrangements or facilities please tick the relevant box below

- |   |  |
|---|--|
| <input type="checkbox"/> 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/have a hearing impairment             | <input type="checkbox"/> Personal care support   |
| <input type="checkbox"/> Wheelchair user/have mobility difficulties | <input type="checkbox"/> Autistic spectrum disorder or Asperger's Syndrome                     |
|   | <input type="checkbox"/> A disability not listed in this table ( <i>please specify below</i> ) |

Please give details of facilities/support which might be required (*please specify below*)

**15.5 Ethnic Origin**

Please select one box from the list below. If you select an 'Other' option, please specify in the space provided

**White**

- White British
- White Irish
- Any other White background (please specify)
- \_\_\_\_\_

**Black or Black British**

- Caribbean
- African
- Any other Black background (please specify)
- \_\_\_\_\_

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please specify)
- \_\_\_\_\_

**Other Ethnic Groups**

- Chinese
- Any other ethnic background (please specify)
- \_\_\_\_\_

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)
- \_\_\_\_\_

- Prefer not to say

**PLEASE MAKE SURE YOU RETURN THIS FROM ALONG WITH YOUR APPLICATION.**

