**This information will not be made available as part of the selection process, nor shared with any other department.**

|  |  |
| --- | --- |
|  | **Annexe to Application Form for Admission to a Research Degree Programme** |
| **Section 1****Applicant Details** |

|  |  |
| --- | --- |
| Surname |       |
| Other names |       |
| Gender: |       |
| Title (Mr/Mrs/Miss/Ms) |       | Other (please specify) |   |
| Date of Birth |       |
| Nationality |       | Country of Birth |       |
| Applicants not born in the UK, please state date of last entry |       |
| Country of domicile or permanent residence |       |
|  |  |

|  |
| --- |
| **Section 2****Planning Statistics** |

|  |
| --- |
| **Ethnic Origin:** Complete this section only if you have detailed above that your area of permanent residence is in the UK.Please select from the list below your ethnic origin:**White**11 British [ ] 12 Irish [ ] 19 Other White Background [ ] **Black or Black British**21 Caribbean [ ] 22 African [ ] 29 Other Black Background [ ] **Asian or Asian British**31 Indian [ ] 32 Pakistani [ ] 33 Bangladeshi [ ] 34 Chinese [ ] 39 Other Asian Background [ ] **Mixed**41 White and Black Caribbean [ ] 42 White and Black African [ ] 43 White and Asian [ ] 49 Other Mixed Background [ ] 80 Other Ethnic Background [ ] 90 Not Given (UK Domicile) [ ] 99 Overseas Domicile [ ]  |
|  |

|  |
| --- |
| **Section 3****Disability** |

|  |
| --- |
| Please select from the list below the statement which is most appropriate to you:00 No disability [ ] 08 Two or more impairments and/or disabling medical conditions [ ] 51 A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D [ ] 53 A social/communication impairment such as Asperger's syndrome/other [ ]  autistic spectrum disorder54 A long standing illness or health condition such as cancer, HIV, diabetes, [ ]  chronic heart disease, or epilepsy55 A mental health condition, such as depression, schizophrenia or anxiety disorder [ ] 56 A physical impairment or mobility issues, such as difficulty using arms or using [ ]  a wheelchair or crutches57 Deaf or a serious hearing impairment [ ] 58 Blind or have a serious visual impairment uncorrected by glasses [ ] 96 A disability, impairment or medical condition that is not listed above [ ] **Does your disability mean that you have additional support needs?**  |

|  |
| --- |
| **Section 4****Declaration** |

|  |  |
| --- | --- |
| **I declare that, to the best of my knowledge, the information I have given above is correct in every detail.**Confirmation of Declaration [ ]  | Date:      |

|  |
| --- |
| **The completed application form, along with mandatory supporting documentation, should be returned electronically to pgradmissions@dmu.ac.uk** |