

**UNIVERSITY SCHOLARSHIPS: 2017**

**Annexe to Application Form for Admission to a Research Degree Programme**

Applicant’s Name:

This information **WILL NOT** be made available to Admission Tutors for selection purposes.

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| APPLICANT’S DETAILS | Title  (Mr/Mrs/Miss/Ms) | | Other (please specify) | | | Sex: (M or F) | |  |
| 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 | | | |  | | | |
| PLANNING STATISTICS | **Ethnic Origin:** Complete this section only if you have shown above that your area of permanent residence is in the UK.  Please choose your ethnic origin from the list below and enter its code here:  **White**  British 11  Irish 12  Other White Background 19  **Black or Black British**  Caribbean 21  African 22  Other Black Background 29  **Asian or Asian British**  Indian 31  Pakistani 32  Bangladeshi 33  Chinese 34  Other Asian Background 39  **Mixed**  White and Black Caribbean 41  White and Black African 42  White and Asian 43  Other Mixed Background 49  Other Ethnic Background 80  Not Given (UK Domicile) 90  Overseas Domicile 99 | | | | | | | |

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| **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 disorder  54 A long standing illness or health condition such as cancer, HIV, diabetes,  chronic heart disease, or epilepsy  55 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 crutches  57 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?** | |
| 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 should be returned electronically to researchstudents@dmu.ac.uk** | | |