

**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 11Irish 12Other White Background 19**Black or Black British**Caribbean 21African 22Other Black Background 29**Asian or Asian British**Indian 31Pakistani 32Bangladeshi 33Chinese 34Other Asian Background 39**Mixed**White and Black Caribbean 41White and Black African 42White and Asian 43Other Mixed Background 49Other Ethnic Background 80Not Given (UK Domicile) 90Overseas 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 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?**  |
| 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** |