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

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

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

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

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| 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?** |

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

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

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