**Individual Circumstances Disclosure Form**

This form should be emailed to [IndCircs@dmu.ac.uk](mailto:IndCircs@dmu.ac.uk) at the very latest by Wednesday, 22 January 2020. We will still consider circumstances after this date on an exceptional basis, e.g. for new members of staff or where there have been serious or unexpected changes to circumstances.

Only members of the Equality and Diversity Team have access to the inbox, and forms will be anonymised before being considered by the REF Equality and Diversity Advisory Panel.

**Name:** Click here to insert text.

**School and Faculty:** Click here to insert text.

**Unit of Assessment:** Click here to insert text.

Do you have a REF-eligible output published between 1 January 2014 and 31 July 2020?

Yes ☐

No ☐

Please complete this form if you have one or more applicable individual circumstance (see above, and Annex 11 (attached) of the university’s Code of Practice) which you are willing to declare.

Please provide requested information in relevant box(es).

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| **Circumstance** | **Time period affected** |
| **Early Career Researcher (started career as an independent researcher on or after 1 August 2016).**  *Date you became an early career researcher.* | Click here to enter a date. |
| **Junior clinical academic who has not gained Certificate of completion of Training by 31 July 2020.** | Tick here ☐ |
| **Career break or secondment outside of the HE sector.**  *Dates and durations in months.* | Click here to enter dates and durations. |
| **Family-related leave;**   * statutory maternity leave * statutory adoption leave * Additional paternity or adoption leave or shared parental leave lasting for four months or more. | Click here to enter dates and durations. |

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| *For each period of leave, state the nature of the leave taken and the dates and durations in months.* |  |
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| **Disability (including chronic conditions)**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Mental health condition**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Ill health or injury**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Constraints relating to family leave that fall outside of standard allowance**  *To include: Type of leave taken and brief description of additional constraints, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Caring responsibilities**  *To include: Nature of responsibility, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Gender reassignment**  *To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Any other exceptional reasons e.g. bereavement.** | Click here to enter text. |

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| *To include: brief explanation of reason, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* |  |

Please confirm, by ticking the box provided, that:

* ☐The above information provided is a true and accurate description of my circumstances as of the date below.
* ☐I realise that the above information will be used for REF purposes only and will be seen (in an anonymised format) by the Individual Circumstances Review Panel (as set out in the university’s Code of Practice).
* ☐I give my permission for a member of the Equality, Diversity and Inclusion team to contact me if further information is required in relation to this application.
* ☐I realise it may be necessary for DMU to share the information with Research England if requested.
* ☐ I understand that if I am awarded a reduction in output by the Panel, I am giving

permission for the reduction in outputs to be communicated to the UoA coordinators. The reasons for the reduction would not be communicated, but my name and the number of reductions awarded can be shared.

* ☐ I understand that it remains my choice whether to use the reduction awarded, but if I

choose not to use the reduction, I will notify the REF Equality and Diversity Advisory Panel in writing within 10 working days of receiving notification of award from the panel.

**Name:** Print name here **Signed:** Sign or initial here **Date:** Insert date here

The following section is distinct from the REF Individual circumstances process and is related to putting into place ongoing support if you are disclosing relevant circumstances such as a disability.

* I give my permission for an HR Advisor to contact me to discuss my circumstances, and my requirements in relation this these.
* I give my permission for relevant information to be passed to my line manager on the understanding that such information is shared to assist the university make anticipatory or reasonable adjustments that will support me at DMU.

I would like to be contacted by:

Email ☐ Insert email address

Phone ☐ Insert contact telephone number