

Equal Opportunities Monitoring Form

Cardiff University is committed to ensuring that applicants are considered on a qualification basis, irrespective of sexual orientation, marital or parental status, disability, religion, social class, nationality or ethnic origin.

In order to monitor the effectiveness of our Equal Opportunities Policy, we require applicants to provide the information outlined below. This information is confidential and used solely for monitoring purposes. In the event of your admission to the course, this information will form part of your student record and will continue to be used for monitoring purposes throughout your studies at Cardiff University. Such use will be subject to the provision of the Data Protection Act 1998.

PERSONAL DETAILS (Please complete in CAPITAL letters)

Title: _____ Surname/Family Name: _____

First/Given Name(s): _____

Date of Birth (Day/Month/Year)

Nationality: _____

ETHNIC ORIGIN (UK Applicants Only) I would describe myself as:

- | | | | | | |
|------------------|-----------------------------|------------------------|-----------------------------|---------------------------|-----------------------------|
| White (English) | <input type="checkbox"/> 11 | African | <input type="checkbox"/> 22 | White and Black Caribbean | <input type="checkbox"/> 41 |
| White (Irish) | <input type="checkbox"/> 12 | Other Black background | <input type="checkbox"/> 29 | White and Black African | <input type="checkbox"/> 42 |
| White (Scottish) | <input type="checkbox"/> 13 | Indian | <input type="checkbox"/> 31 | White and Asian | <input type="checkbox"/> 43 |
| Irish Traveller | <input type="checkbox"/> 14 | Pakistani | <input type="checkbox"/> 32 | Other mixed background | <input type="checkbox"/> 49 |
| White (Welsh) | <input type="checkbox"/> 15 | Bangladeshi | <input type="checkbox"/> 33 | Other ethnic background | <input type="checkbox"/> 80 |
| Other White | <input type="checkbox"/> 19 | Chinese | <input type="checkbox"/> 34 | | |
| Caribbean | <input type="checkbox"/> 21 | Other Asian background | <input type="checkbox"/> 39 | | |

DISABILITY

If you are disabled, have a specific learning difficulty or long term medical condition that may require adjustments to be made to the curriculum or the environment, please let us know.

Please indicate () which term is descriptive of your disability:

- | | | | |
|---------------------------------------|-----------------------------|---|-----------------------------|
| No Disability | <input type="checkbox"/> 00 | Autistic Spectrum Disorder/Aspergers Syndrome | <input type="checkbox"/> T |
| Dyslexia/Dyspraxia/ADHD | <input type="checkbox"/> 01 | Mental health difficulties | <input type="checkbox"/> 06 |
| Blind/partially sighted | <input type="checkbox"/> 02 | Unseen disability e.g. diabetes, epilepsy | <input type="checkbox"/> 07 |
| Deaf/hearing impairment | <input type="checkbox"/> 03 | Multiple Disabilities | <input type="checkbox"/> 08 |
| Wheelchair user/mobility difficulties | <input type="checkbox"/> 04 | Disability not listed above | <input type="checkbox"/> 09 |

Please list any reasonable adjustments you think you may require:
