

Confidential

Additional Details

The University of Northampton is fully committed to equal opportunities for all and applicants are asked to complete this form as fully as possible. Your response will not influence the outcome of your application. Please see further information overleaf.

Please tick any relevant boxes.

Name :

Course applied For:

Ethnic Origin

- | | | | |
|-------------------------|--------------------------|--------------------------------------|--------------------------|
| White- British | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| White- Irish | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| White- Scottish | <input type="checkbox"/> | Asian or Asian British – India | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Asian or Asian British – Pakistani | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Asian or Asian British – Bangladeshi | <input type="checkbox"/> |
| Other white Background | <input type="checkbox"/> | Mixed – White and Black Caribbean | <input type="checkbox"/> |
| Other Black Background | <input type="checkbox"/> | Mixed – White and Black African | <input type="checkbox"/> |
| Other Asian Background | <input type="checkbox"/> | Information Refused | <input type="checkbox"/> |
| Other Mixed Background | <input type="checkbox"/> | | |
| Other Ethnic Background | <input type="checkbox"/> | | |

Disability (if you indicate any disability please also complete the section overleaf)

- | | | | |
|--|--------------------------|---|--------------------------|
| No known disability | <input type="checkbox"/> | Mental health difficulties | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> | Unseen e.g. diabetes, epilepsy | <input type="checkbox"/> |
| Blind / Partially sighted | <input type="checkbox"/> | Multiple disabilities | <input type="checkbox"/> |
| Deaf / Hearing impaired | <input type="checkbox"/> | Disability not listed | <input type="checkbox"/> |
| Wheelchair user /
Mobility difficulties | <input type="checkbox"/> | Autistic Spectrum Disorder /
Asperger Syndrome | <input type="checkbox"/> |
| Personal care support | <input type="checkbox"/> | | |

Disability – Support Needs

In order for us to provide appropriate support and/or make reasonable adjustments it is important that you give us details for your needs. In most circumstances, the information given here will be enough for us to decide what action we need to take. In some circumstances, you may be contacted by Student Services for further information or to arrange a visit to The University to discuss your needs.

Are you in receipt of Disability Allowance? Yes No

Use of this information

Any information provided in this form will only be used for the purposes of:

- Identifying and meeting your specific needs and requirements
- Ensuring health and safety
- Facilitating communication with you
- Undertaking statistical monitoring as part of our Equality Scheme
- Meeting our legal requirements