

**EQUAL OPPORTUNITIES QUESTIONNAIRE  
POSTGRADUATE ADMISSIONS, GRADUATE SCHOOL**

**IMPORTANT: The information provided below is to be used for statistical purposes only.  
This form will be taken out of your application before it is considered by the relevant department.**

All written entries should be printed clearly in BLACK INK.

---

**Course Applied For:**

---

**Expected Start Date:**

---

**Sex:** (please tick)    **Male**     **Female**                       **Age:**

---

**Nationality:**

---



---

**Marital Status** (please tick)

Single       Married       Divorced       Widowed       Separated

---

**Statistical Information** - *Required for monitoring levels and trends in participation in HE by particular groups of people and to help the University of Durham meet its legal obligations under the Race Relations (Amendment) Act, 2000.*

---

**Ethnic Origin** (please tick)

White British	<input type="checkbox"/>	Chinese or other ethnic background – Chinese	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Other Asian background, please state:	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Mixed – White and Black Caribbean	<input type="checkbox"/>
Please state: _____		Mixed – White and Black African	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	Mixed – White and Asian	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	Please state: _____	
Please state: _____		Other ethnic background	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Please state: _____	
Asian or Asian British – Pakistani	<input type="checkbox"/>	Information refused	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>		

---

**Disability** (please tick)

No known disability	<input type="checkbox"/>	Personal care support	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Mental health difficulties	<input type="checkbox"/>
Blind/Partially sighted	<input type="checkbox"/>	Unseen disability	<input type="checkbox"/>
Deaf/Hearing impaired	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Wheelchair user/mobility difficulties	<input type="checkbox"/>	Disability not listed	<input type="checkbox"/>
Other disability	<input type="checkbox"/>		

---

**FOR OFFICE USE ONLY**

Banner ID: \_\_\_\_\_