

KEELE UNIVERSITY

EQUAL OPPORTUNITIES MONITORING

Please help us to make our equal opportunities policy effective by placing a tick in the box which is applicable to you:-

- | | |
|--|--|
| <input type="checkbox"/> 11 White-British | <input type="checkbox"/> 12 White-Irish |
| <input type="checkbox"/> 19 Other White background | <input type="checkbox"/> 21 Black or Black British-Caribbean |
| <input type="checkbox"/> 22 Black or Black British-African | <input type="checkbox"/> 29 Other Black background |
| <input type="checkbox"/> 31 Asian or Asian British-Indian | <input type="checkbox"/> 32 Asian or Asian British-Pakistani |
| <input type="checkbox"/> 33 Asian or Asian British-Bangladeshi | <input type="checkbox"/> 34 Chinese Ethnic background |
| <input type="checkbox"/> 39 Other Asian background | <input type="checkbox"/> 41 Mixed-White and Black Caribbean |
| <input type="checkbox"/> 42 Mixed-White and Black African | <input type="checkbox"/> 43 Mixed-White and Asian |
| <input type="checkbox"/> 49 Other Mixed background | <input type="checkbox"/> 80 Other Ethnic background |
| <input type="checkbox"/> 90 Not known | |

Please also complete the rest of this form if you have a disability.

DISABILITIES

The University welcomes applications from people with disabilities and considers them on the same academic grounds as those from other candidates. If you indicate on this form that you have a disability, and if we make you an offer of a place, we will then inform our Disability Services department who will contact you to discuss your support needs.

If you are disabled, please tick the boxes which are applicable to you:

- | | |
|--|--|
| <input type="checkbox"/> 01 Dyslexia | <input type="checkbox"/> 02 Blind/ partially sighted |
| <input type="checkbox"/> 03 Deaf/ hearing impaired | <input type="checkbox"/> 04 Wheelchair user/ mobility difficulties |
| <input type="checkbox"/> 05 Autistic Spectrum Disorder/
Asperger Syndrome | <input type="checkbox"/> 06 Mental health difficulties |
| <input type="checkbox"/> 07 An unseen disability, eg. diabetes, epilepsy, asthma | |

Please specify _____

- | |
|--|
| <input type="checkbox"/> 08 Multiple disabilities |
| <input type="checkbox"/> 09 A disability not listed above (please specify) _____ |

Please return this form with your postgraduate application form. Many thanks for your assistance.