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| NORTH WEST CONSORTIUM  DOCTORAL TRAINING PARTNERSHIP |
| Equality and Diversity Monitoring  (September 2020 Entry) |

The NWCDTP is requested by the AHRC to monitor the equality and diversity data from the students it is funding. This is to assist the AHRC is delivering statistics on their funding allocation.

We have a legal duty to ensure that information, you provide is maintained on a confidential basis under information laws and is anonymised at the earliest opportunity. Please be ensured that the data you return is anonymous. This section will be kept separate from your application(s).

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| **Gender** |
| Male  Female  Prefer not to say  Is your gender identity the same as the gender you were assigned at birth?  Yes  No  Prefer not to say |

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| **Ethnic Origin** | | |
| **White** | British |  |
|  | Irish |  |
|  | Other White European |  |
|  | Other White (please state)\* | \* |
| **Mixed** | White and Black Caribbean |  |
|  | White and Black African |  |
|  | White and Asian |  |
|  | Other mixed (please state)\* | \* |
| **Asian or Asian British** | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Other Asian (please state)\* | \* |
| **Black or Black British** | Caribbean |  |
|  | African |  |
|  | British |  |
|  | Other black (please state)\* | \* |
| **Chinese or other** | Chinese |  |
|  | Other ethnic group (please state)\* | \* |
|  | Unknown |  |
|  | Prefer not to say |  |

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| **Age** | | | |
| 18 - 24 |  | 45 - 49 |  |
| 25 - 29 |  | 50 - 54 |  |
| 30 - 34 |  | 55 - 59 |  |
| 35 - 39 |  | 60 - 64 |  |
| 40 - 44 |  | 65+ |  |
| Prefer not to say |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexual Orientation** | | | | |
| Bisexual |  | Gay man | |  |
| Heterosexual/Straight |  | Gay Woman/Lesbian | |  |
| Prefer not to say |  | Other |  | |

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| **Disability** |
| The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. (e.g. Has lasted or is expected to last over 12 months)  Do you consider yourself to be disabled according to this definition?  Yes  No  If you answered yes, how would you define this impairment? |

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| **Acknowledgment** |
| I confirm that the information provided above is accurate and I agree to the NWCDTP recording and using personal data contained in this form for the purpose of monitoring the Diversity & Equality, and for statistical purposes.   |  |  | | --- | --- | | **Date and Signature:** |  | |