Roehampton University
London

DA2 - Disability and ethnicity

This form will be detached by the University and will not be used in the selection process.

Part 1 - Disability

Roehampton University aims to support students with disabilities or specific learning difficulties to the best of its ability.

Please tick the box below if you wish to record that you have a disability, or a specific medical condition:

☐ Dyslexia   ☐ Asperger's Syndrome/Autism

☐ Deaf/hard of hearing   ☐ Wheelchair user

☐ Mobility difficulties   ☐ Mental health difficulties

☐ Blind/partially sighted

☐ An unseen disability (e.g. diabetes, epilepsy, asthma) please specify ——————

☐ Any other please give details: ————————————————————
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☐ I agree to the information given above to be passed on by Learning Support as necessary. This will enable them to liaise with your Academic School to best support you in your studies.

Part 2 - Ethnicity

In order to help the University ensure that its equal opportunities policy is being carried out effectively you are asked to provide the following information:

Please tick the box that best describes your ethnic origin:

a)   Asian and Asian British

☐ Indian   ☐ Pakistani   ☐ Bangladeshi

☐ Other Asian background (please specify) ————————————————

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Admissions Office
Roehampton University
Erasmus House
Roehampton Lane
London SW15 5PU
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b)   Black and Black British

☐   Black Caribbean   ☐   Black African

☐   Other ethnic background (please specify) _____

c)   Chinese, Chinese British or other ethnic group

☐   Chinese   ☐   Other Asian background
                              (please specify) _____

d)   Mixed and mixed British

☐   White and Black   ☐   White and Black   ☐   White and Asian
        Caribbean   African

☐   Other mixed background (please specify) _____

e)   White and White British

☐   English   ☐   Scottish   ☐   Welsh   ☐   Irish

☐   Any other white background (please specify) _____

I consent to the information given in this supplement being stored electronically within Roehampton's Student Information System. I understand that strict rules on security and confidentiality of data will be observed and the provisions of the Data Protection Act 1998 will apply on the use of and access to information. This consent will cover the period of my studies at the University unless it is withdrawn by me in writing.

Name _____   **Date** _____

Signature _____