EQUAL OPPORTUNITIES FORM

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS. This form will be separated from the rest of your Application Form before it is sent to the Course Organiser for consideration.





EQUAL OPPORTUNITIES MONITORING

The School does not discriminate in considering any person for admission as a student of the School on grounds of religion, race (including colour, citizenship and ethnic origin), political affiliation, sexual orientation or gender.

This information will only be used to monitor the School's equal opportunities policies, and to assess and deliver appropriate support. However, we recognise that some students might want this information to remain confidential. If you do not want to disclose this information using this form, there will be other opportunities during the admissions process. Alternatively you are welcome to contact the Head of Registry Services to discuss any issues in person.

To which ethnic group do you consider you lf you do not want to give this information		-	
☐ Information refused	(98)	Asian Bangladeshi or Asian British Bangladeshi	(33)
White	(10)	Chinese	(34)
☐ Irish Traveller	(14)	Other Asian Background	(39)
Black Caribbean or Black British Caribbean	(21)	Mixed – White and Black Caribbean	(41)
☐ Black African or Black British African	(22)	☐ Mixed – White and Black African	(42)
Other Black background	(29)	☐ Mixed – White and Asian	(43)
Asian Indian or Asian British Indian	(31)	Other mixed background	(49)
Asian Pakistani or Asian British Pakistani	(32)	Other ethnic background	(80)
DISABILITY			
Do you consider yourself to be disabled, o your ability to carry out normal day-to day If you answered YES above, please complete the form, available on request from Registry, or from	r to ha /-activ e follov n the Se	ving table. You should also complete the Investigating According to School's website: www.lshtm.ac.uk/prospectus/howto hich may be necessary, it will help us if you indicate	cess
You have a specific learning disability (e.g. d			(2)
You are deaf or hard of hearing	iysiexia,	(3) You use a wheelchair or have mobility difficultie	
You require personal care support		(5) You have mental health difficulties	(6)
You have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition)		You have Autistic Spectrum Disorder or (7) Asperger's Syndrome	(10)
You have a disability, special need or medical	al conc	lition that is not listed above	(96)
Do you have any additional support needs Continue on a separate sheet if necessary.	s to en	able you to study or to take exams? Please give deta	ils.

Thank you for taking the time to complete this form. The information you have provided will help the School to monitor the effectiveness of our equal opportunities policies and procedures.