

# EQUAL OPPORTUNITIES FORM

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



**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.

## ETHNIC ORIGIN

**To which ethnic group do you consider you belong?**

**If you do not want to give this information please tick 'Information refused'.**

- |   |      |   |      |
|---|------|---|------|
| <input type="checkbox"/> Information refused                        | (98) | <input type="checkbox"/> Asian Bangladeshi or Asian British Bangladeshi | (33) |
| <input type="checkbox"/> White                                      | (10) | <input type="checkbox"/> Chinese  | (34) |
| <input type="checkbox"/> Irish Traveller                            | (14) | <input type="checkbox"/> Other Asian Background                         | (39) |
| <input type="checkbox"/> Black Caribbean or Black British Caribbean | (21) | <input type="checkbox"/> Mixed – White and Black Caribbean              | (41) |
| <input type="checkbox"/> Black African or Black British African     | (22) | <input type="checkbox"/> Mixed – White and Black African                | (42) |
| <input type="checkbox"/> Other Black background                     | (29) | <input type="checkbox"/> Mixed – White and Asian                        | (43) |
| <input type="checkbox"/> Asian Indian or Asian British Indian       | (31) | <input type="checkbox"/> Other mixed background                         | (49) |
| <input type="checkbox"/> Asian Pakistani or Asian British Pakistani | (32) | <input type="checkbox"/> Other ethnic background                        | (80) |

## DISABILITY

The London School of Hygiene & Tropical Medicine aims to create an environment which enables all students to participate fully in University life. In order to ensure that disabled people compete fairly for study within the London School of Hygiene & Tropical Medicine, it would be helpful if you could please answer the following questions:

**Do you consider yourself to be disabled, or to have a long-term health related condition that impacts on your ability to carry out normal day-to-day-activities?**       YES       NO

If you answered YES above, please complete the following table. You should also complete the Investigating Access form, available on request from Registry, or from the School's website: [www.lshtm.ac.uk/prospectus/howto](http://www.lshtm.ac.uk/prospectus/howto)

**In order to make any reasonable adjustments which may be necessary, it will help us if you indicate your specific needs. Please tick any category you think is applicable to your disability:**

- |   |      |   |      |
|---|------|---|------|
| <input type="checkbox"/> You have a specific learning disability (e.g. dyslexia)                                  | (11) | <input type="checkbox"/> You are blind or partially sighted                         | (2)  |
| <input type="checkbox"/> You are deaf or hard of hearing  | (3)  | <input type="checkbox"/> You use a wheelchair or have mobility difficulties         | (4)  |
| <input type="checkbox"/> You require personal care support  | (5)  | <input type="checkbox"/> You have mental health difficulties                        | (6)  |
| <input type="checkbox"/> You have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition) | (7)  | <input type="checkbox"/> You have Autistic Spectrum Disorder or Asperger's Syndrome | (10) |
| <input type="checkbox"/> You have a disability, special need or medical condition that is not listed above        |      |   | (96) |

**Do you have any additional support needs to enable you to study or to take exams? Please give details.**

Continue on a separate sheet if necessary.

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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.