**CLEARING HOUSE FOR POSTGRADUATE COURSES IN CLINICAL PSYCHOLOGY**

**0113 343 2737 chpccp@leeds.ac.uk www.clearing-house.org.uk**



# SAMPLE EQUAL OPPORTUNITIES MONITORING FORM

Any information you provide about a disability in this section **may not** be available to the course centres, depending on the consent you give and on how each course centre uses (or does not use) this data in their selection process. Therefore, if you have a disability and **wish to be considered under the Disability Scheme** please indicate this on the Basics - Disability Scheme page of the application.

For details of how the data in this section is used and to download anonymised data from previous years, please [see the Equal opportunities section of our website](https://www.clearing-house.org.uk/about-us/equal-opportunities).

The "Copy from Previous Application" option will copy data from any application you **submitted in a previous year**. If you started but did not submit an application in a previous year you can access it in Previous Applications.

Do you give your consent for the course centres you have applied to to have **full access** to the information you give in this section? For this purpose the data would not be anonymous and the course centres would have access to it during their selection process.

**I give my consent**  **I do not give my consent**

### What is your age?

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55 and over

Prefer not to say

### What is your country of permanent residence?

UK

European Union/European Economic Area

Other

Prefer not to say

### What is your gender?

Female

Male

Prefer not to say

### What is your marital status?

Divorced or separated

Married/civil partnership/cohabiting

Single

Widowed

Prefer not to say

### Do you have dependants?

No

Yes

Prefer not to say

### What is your sexual orientation?

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/straight

Other sexual orientation - please specify:

Prefer not to say

### Do you have a disability?

No

Yes

Prefer not to say

If you answered YES above, please give details:

Blind/partially sighted

Deaf/hearing impairment

Dyslexia

Mental health difficulties

Personal care support

Unseen disability e.g. diabetes, epilepsy, asthma

Wheelchair user/mobility difficulties

2 or more of the above disabilities/special needs

Other disability/special need - please specify:

### Do you have a religion or similar belief?

No

Yes

Prefer not to say

If you answered YES above, please give details:

Baha’i

Buddhist

Christian - Protestant

Christian - Roman Catholic

Christian - Other - please specify:

Hindu

Jain

Jewish

Muslim

Sikh

Other religion or similar belief - please specify:

### What is your ethnic group?

Asian, Asian British, Asian English, Asian Scottish or Asian Welsh

Bangladeshi

Indian

Pakistani

Any other Asian background - please specify:

Black, Black British, Black English, Black Scottish or Black Welsh

African

Caribbean

Any other Black background - please specify:

Mixed

White & Asian

White & Black African

White & Black Caribbean

Any other Mixed background - please specify:

White

British - English

British - Scottish

British - Welsh

Any other British (white) background - please specify:

Irish

Any other White background - please specify:

Chinese/Middle Eastern/Other ethnic background

Chinese

Middle Eastern/North African

Any other background - please specify:

Prefer not to say