



Dear Student,

UCL requires applicants to complete their forms in order to be considered for admission. IFSA-Butler completes these forms on your behalf and includes them with your application for their review. Due to different privacy laws in England, UCL is permitted to ask applicants to disclose information that IFSA-Butler is not allowed to request. These questions have been marked out on UCL's forms and included on the following page. Please fill out the following form and return it with your other application materials.

Your answers on this form will in no way affect your application status or admissions decision. If you prefer to keep this information confidential, you may return this form in a sealed envelope. If you choose to put it in a sealed envelope, please place **ONLY** this form in the envelope and label it with your full name and write "Disclosed Information" on the back. Return the envelope with your other forms. Your answers to these questions will be forwarded to UCL unopened. Returning this form in a sealed envelope will not delay your application submission. However, your application will not be complete until we receive these answers. Thank you for your prompt attention to this matter. Please contact me if you have any questions.

Sincerely,

Chris Dixon
Program Advisor



DISABILITY AND ETHNIC ORIGIN MONITORING FORM

Please note that this form will not be passed to any admissions tutor. UCL is required to supply this personal information to the Higher Education Statistics Agency.

If you have a disability that may require adjustments to be put in place, you must contact UCL's Disability Co-ordinator, email: disability@ucl.ac.uk telephone: +44 (0)20 7579 0100; fax: +44 (0)20 7916 8530; address: UCL Registry, University College London, Gower Street, London WC1E 6BT.

SURNAME

FIRST NAMES

DISABILITY Please (✓) one box

- | | |
|---|---|
| <p>A <input type="checkbox"/> No disability</p> <p>B <input type="checkbox"/> You have a social/communication impairment such as asperger's syndrome/other autistic spectrum disorder</p> <p>C <input type="checkbox"/> You are blind or have a serious visual impairment uncorrected by glasses</p> <p>D <input type="checkbox"/> You are deaf or have a serious hearing impairment</p> <p>E <input type="checkbox"/> You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy</p> <p>F <input type="checkbox"/> You have a mental health condition such as depression, schizophrenia or anxiety disorder</p> | <p>G <input type="checkbox"/> You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D</p> <p>H <input type="checkbox"/> You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches</p> <p>I <input type="checkbox"/> You have a disability, impairment or medical condition that is not listed above</p> <p>J <input type="checkbox"/> You have two or more impairments/and or disabling medical conditions</p> <p>97 <input type="checkbox"/> Information refused</p> |
|---|---|

Are you currently or have you previously been in receipt of a UK disabled student's allowance? Please (✓) one box

- Yes No

ETHNICITY Please (✓) one box

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