

## DECLARATION SIGNATURE

I certify that all the entries are, to the best of my knowledge and belief, correct.

CONFIDENTIALITY: Applications will be treated in the strictest confidence by the University, and the information given will be used only for the following purposes:

- (a) to enable the University to give full and proper consideration to applications
- (b) for the compilation of essential statistics. In accordance with the provisions of the 1984 Data Protection Act, no statistical or other information which could identify any individual applicant will be published or otherwise communicated to any other agency.

Signature ..... Date .....



### Please return to:

Ged Burns, MSc Programme Administrator, Faculty of Health & Life Sciences,  
York St John University, Lord Mayor's Walk, York YO31 7EX

T: 01904 876431

E: g.burns@yorks.ac.uk

## Registration form

### Personal details

Family name: ..... Title: .....

Forename (in full): .....

Preferred name: .....

Nationality: ..... D.O.B: .....

Highest academic qualification: .....

Job Title (and grade if relevant): .....

### Contact details

Work address: .....

Invoice address (if different from work address):  
.....

Home Tel: ..... Mobile No: .....

Work Tel: ..... Fax: .....

E-mail address: .....

NHS Trust: .....

#### Please tick as applicable:

Please allocate me a funded place, as agreed

Please allocate me a fee-paying place

I enclose my cheque for £ ..... (made payable to York St John University)  
or Please invoice me at the above address £ .....

Title(s): .....

Date(s): .....

Venue: .....

# Equal Opportunities Monitoring Form

## Do you have any criminal convictions?

YES

NO

Note: Under the Rehabilitation of Offenders Act 1974, you are required to declare any convictions which are not 'spent'.

## Disability/Special needs

Please enter the appropriate code from the list below:

- 0 None
- 1 You have a specific learning difficulty (for example, dyslexia)
- 2 You are blind or partially sighted
- 3 You are deaf or hard of hearing
- 4 You use a wheelchair or have mobility difficulties
- 5 You have Autistic Spectrum Disorder or Asperger Syndrome
- 6 You have mental health difficulties
- 7 You have a disability that cannot be seen, for example, diabetes, epilepsy or a heart condition
- 8 You have two or more of the above
- 9 You have a disability, special need or medical condition not listed above

## Ethnicity

Please enter the appropriate code from the list below:

- 11 White - British
- 12 White - Irish
- 13 White Scottish
- 14 Irish Traveller
- 19 Other White background
- 21 Black or Black British - Caribbean
- 22 Black or Black British - African
- 29 Other Black background
- 31 Asian or Asian British - Indian
- 32 Asian or Asian British - Pakistani
- 33 Asian or Asian British - Bangladeshi
- 34 Chinese
- 39 Other Asian background
- 41 Mixed - White and Black Caribbean
- 42 Mixed - White and Black African
- 43 Mixed - White and Asian
- 49 Other Mixed background
- 80 Other Ethnic background

## How did you hear about this event:

Mail shot

Advertisement (please indicate publication):

.....  
Recommendation (please indicate who):

.....  
Other (please specify):

.....