

Statistical Monitoring

Information collected in this section is for statistical purposes only and is not considered with your application to join a programme of study. This information is not used as part of the selection process.

The Cambridge Theological Federation is required to forward information about successful applicants to the Higher Education Statistics Agency (HESA). Further details about HESA can be found at <https://www.hesa.ac.uk/>. All information collected is processed according to data protection policies of the Cambridge Theological Federation and HESA: further information can be found at <http://www.theofed.cam.ac.uk/wp-content/uploads/Data-protection-policy-Students-July-2016.pdf> and <https://www.hesa.ac.uk/about/regulation/data-protection>.

Please return this form by email to ctfadmin@hermes.cam.ac.uk, or in hard copy to: Assistant Registrar, Cambridge Theological Federation, 2 The Bounds Westminster College, Lady Margaret Road, CB3 0BJ.

Name:
Date of Birth:

1. Disability

Please tick the appropriate box below. If you prefer not to provide any information regarding disability, please check the box for code '00'.

Code	Description	Please tick
00	No known disability	<input type="checkbox"/>
08	Two or more impairments and/or disabling medical conditions	<input type="checkbox"/>
51	A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/>
53	A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	<input type="checkbox"/>
54	A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/>
55	A mental health condition, such as depression, schizophrenia or anxiety disorder	<input type="checkbox"/>
56	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	<input type="checkbox"/>
57	Deaf or a serious hearing impairment	<input type="checkbox"/>
58	Blind or a serious visual impairment uncorrected by glasses	<input type="checkbox"/>
96	A disability, impairment or medical condition that is not listed above	<input type="checkbox"/>

2. Ethnicity

Please tick the appropriate box below.

HESA Code	Description	Please tick
10	White	<input type="checkbox"/>
13	White - Scottish	<input type="checkbox"/>
19	Other white background	<input type="checkbox"/>
15	Gypsy or traveller	<input type="checkbox"/>
21	Black or Black British - Caribbean	<input type="checkbox"/>
22	Black or Black British – African	<input type="checkbox"/>
29	Other Black background	<input type="checkbox"/>
31	Asian or Asian British – Indian	<input type="checkbox"/>
32	Asian or Asian British – Pakistani	<input type="checkbox"/>
33	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
34	Chinese	<input type="checkbox"/>
39	Other Asian background	<input type="checkbox"/>
41	Mixed – White and Black Caribbean	<input type="checkbox"/>
42	Mixed – White and Black African	<input type="checkbox"/>
43	Mixed – White and Asian	<input type="checkbox"/>
49	Other mixed background	<input type="checkbox"/>
50	Arab	<input type="checkbox"/>
80	Other ethnic background	<input type="checkbox"/>
90	Not known	<input type="checkbox"/>
98	Prefer not to say	<input type="checkbox"/>