

# Personal Data Sheet



**Board of Graduate Studies**

The Personal Data Sheet is circulated to departments along with the rest of your application, but information on this sheet will not be considered when making the academic decision on whether to make an offer of admission. The sheet is circulated because if you do declare a disability in Section (2) below, it may be helpful for your department to know this in the event that they wish to organise an interview, so that any relevant adjustments can be made. If you are made a conditional offer, this sheet will also be sent to Colleges that consider your application. See the online Prospectus for further information about support for students with disabilities.

*Note: there are two sides to this form.*

<b>Name (legal)</b>			
	Last (family)	First and middle	Title (Mr/Mrs/Miss/Dr etc)

**(1) About your family while you are in Cambridge**

Please give details here by ticking the appropriate boxes and giving the further information requested. If we make you an offer, we shall increase the amount of maintenance required for each additional dependent family member (see the tables in the Prospectus for further information).

<input type="checkbox"/>	I will be unaccompanied	
<input type="checkbox"/>	I shall bring a partner or spouse	<i>Name of partner or spouse*:</i> <input style="width:80%;" type="text"/>  Is he/she also applying for graduate study at Cambridge? (tick box) <input type="checkbox"/>  <small>*If your partner is either an applicant to the University of Cambridge or already in residence, please give the name they have used in their application.</small>
<input type="checkbox"/>	I shall bring one child	<i>Date of birth:</i> <input style="width:40%;" type="text"/> (DD/MM/YYYY)
<input type="checkbox"/>	I shall bring a second child	<i>Date of birth:</i> <input style="width:40%;" type="text"/> (DD/MM/YYYY)
<input type="checkbox"/>	I shall bring a third child	<i>Date of birth:</i> <input style="width:40%;" type="text"/> (DD/MM/YYYY)

Will all the people indicated be financially dependent on you?  Yes  No *If no, please give details below:*

**(2) Support needs relating to disability or chronic illness**

Please tick the appropriate box below. If you do not have a disability, special needs or a medical condition, use code 00 ('I have no disability'). If you do not wish to provide any information in this section, use code 97 ('Information refused').

Under the Disability Discrimination Act 1995, a disability is any physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities. We invite disclosure from anyone who feels they may have a disability or other condition which is likely to require additional support during their time at Cambridge.

By completing this section you will be put in contact with the Disability Resource Centre to establish what support, if any, is required to enable you to study effectively. The Disability Resource Centre works closely with the Board of Graduate Studies Admissions Office. In order to prevent any delay in processing your application, please respond promptly to any contact from the Disability Resource Centre.

<input type="checkbox"/> I have no disability (00)	<input type="checkbox"/> I have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy (54)	<input type="checkbox"/> I am blind or have a serious visual impairment uncorrected by glasses (58)
<input type="checkbox"/> I have two or more impairments and/or disabling medical conditions (08)	<input type="checkbox"/> I have a mental health condition (e.g. depression/schizophrenia/anxiety disorder) (55)	<input type="checkbox"/> I have a disability, impairment or medical condition not listed above (96)
<input type="checkbox"/> I have a Specific Learning Difficulty (e.g. Dyslexia/Dyspraxia/AD(H)D (51)	<input type="checkbox"/> I have a physical impairment or mobility issues (e.g. difficulty using arms/using a wheelchair or crutches) (56)	<input type="checkbox"/> Information refused (97)
<input type="checkbox"/> I have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder (53)	<input type="checkbox"/> I am deaf or have a serious hearing impairment (57)	

**(CONTINUES OVERLEAF)**