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|  | Doctorate in Clinical PsychologySUPPLEMENTARY APPLICATION FORM |

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| **Applicant Name:** |  |
|  |  |
| **Email Address:** |  |

Applicants to the Doctorate in Clinical Psychology programme are required to complete the three questions below as part of their application.

You should type your responses to the three questions below in Arial; font size 11. **Your response to each question should not exceed 3000 characters including spaces**.

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| **Question 1****Please specify degree(s) including classification and subject(s). Critically reflect on how your academic experience has made you a suitable candidate for clinical psychology training.**  |
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| **Question 2****Critically reflect on how your research experience has made you a suitable candidate for clinical psychology training.** |
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| **Question 3****Critically reflect on relevant experience from paid and/or voluntary positions, and how this has made you a suitable candidate for clinical psychology training. *Clearly specify whether experience is paid (P) or voluntary (V).*** |
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**Action you should now take:**

We would appreciate if you could now take a few moments to complete the equal opportunities form below. However, this is optional. Please note that your equal opportunities form will be separated from the rest of your application and will not be seen by the shortlisting or interview panels.

You must upload this supplementary form as **one file** via the application portal.

**Queen’s University of Belfast - Doctorate in Clinical Psychology**

**EQUAL OPPORTUNITIES MONITORING FORM 2019**

This questionnaire monitors applications on behalf of Queen’s University and Business Services Organisation (BSO). The information will be treated as strictly confidential. The form will be separated from your application and used for statistical purposes only after selection has taken place. For each item, please select the code for the category into which you fall by double clicking ‘Select’ and choosing the applicable code.

1. GENDER Other = 1

 Female = 2

 Male = 3

 Prefer not to say = 4

2. AGE <25 = 1

 25-34 = 2

 35-44 = 3

 >45 = 4

3. MARITAL STATUS Single = 1

 Married, civil partnership or cohabiting = 2

 Widowed = 3

 Divorced / Separated = 4

 Prefer not to say = 5

1. RELIGION

Do you have a religion or similar belief?

 No =1

 Yes =2

 Prefer not to say =3

If you answered YES above, please give details:

 Baha’i =1

 Buddhist =2

 Christian – Protestant =3

 Christian- Roman Catholic =4

 Christian- Other =5

 Hindu =6

 Jain =7

 Jewish =8

 Muslim =9

 Sikh =10

 Other Religion or similar belief =11

1. CARING RESPONISIBLITIES

 A child (or children) =1

 A dependant older person =2

 A person(s) with a disability =3

 None of the above =4

6. PLEASE INDICATE YOUR ETHNIC GROUP

 Bangladeshi =1

 Indian =2

 Pakistani =3

 Any other Asian Background =4

 Any other Asian background please specify

 African =1

 Caribbean =2

 Any other Black background =3

 Any other Black background please specify

 White and Asian =1

 White and Black African =2

 White and Black Caribbean =3

 White and Chinese =4

 Any other mixed background =5

 Any other mixed background please specify

 British – English =1

 British – Scottish =2

 British- Welsh =3

 British – Northern Irish =4

 Irish =5

 Any other British (white) =6

 Any other British (white) background please specify

 Chinese =1

 Middle Eastern/North Africa =2

 Any other background =3

 Any other background please specify

 Prefer Not to Indicate My Ethic Group =4

1. COUNTRY OF ORIGIN

 Northern Ireland = 1

 Republic of Ireland = 2

 Other UK (England, Scotland or Wales) = 3

 Other EU = 4

 Other Non-EU = 5

8. COUNTRY OF RESIDENCE

 Northern Ireland = 1

 Republic of Ireland = 2

 Other UK (England, Scotland or Wales) = 3

 Other EU = 4

 Other Non-EU = 5

9. My sexual orientation is towards:

 The Opposite Sex = 1

 The Same Sex = 2

 Both Same and Opposite Sex = 3

 Would rather not say = 4

10. In line the Disability Discrimination Act 1995, a disability is defined as:

 *“a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities”*

Do you consider yourself to have a disability? 1 = Yes 2 =No

If YES, please tick one or more below as appropriate

1. Blind/partially sighted [ ]
2. Deaf/hearing impairment [ ]
3. Dyslexia [ ]
4. Mental health difficulties [ ]
5. Personal care support [ ]
6. Unseen disability e.g. diabetes, epilepsy, asthma [ ]
7. Wheelchair user/ mobility difficulties [ ]
8. 2 or more the above disabilities/special needs [ ]
9. Other disability/special need – please specify [ ]