SUPER-NERC Undergrad Research Experience Placements (REP) – Application form

Please fill in the application and send by email to [roxane.andersen@uhi.ac.uk](mailto:roxane.andersen@uhi.ac.uk) before the deadline (28th June 2021, 12:00 noon)

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Email address |  |
| University |  |
| Department |  |
| Degree |  |
| Eligibility (delete as appropriate) | UK citizen / EU with pre-settled status / non-EU with right to remain / International/EU with Tier 4 visa |
| Preferred length of placement (delete as appropriate) | 6 weeks / 8 weeks / 10 weeks / no preference |
| Personal statement: Tell us why you want to undertake this Undergrad Research Experience Placement? (500 words) | |

I confirm to the best of my knowledge that the information I have given on this form is correct.

|  |  |
| --- | --- |
| **SIGNATURE** | **DATE** |

The information below is not used in the selection process but is required for statistical purposes. Additionally, information regarding Health or Medical Conditions is gathered to enable us to work with you as early as possible to identify support needs you may have. We welcome applications from students with additional needs and are committed to supporting disabled students. We understand that being a disabled postgraduate researcher could raise some complex issues and we aim to meet a wide range of individual needs, where we reasonably can.

**HEALTH OR MEDICAL CONDITIONS –** Please click or ‘x’ box below as relevant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No disability | | | |
|  | I have a social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder | | | |
|  | I am blind or have a serious visual impairment uncorrected by glasses | | | |
|  | I am deaf or have a serious hearing impairment | | | |
|  | I have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | | | |
|  | I have a mental health condition, such as depression, schizophrenia or anxiety disorder | | | |
|  | I have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | | | |
|  | I have physical impairment or mobility issues, such as difficulty using my arms or using a wheelchair or crutches | | | |
|  | I have a disability, impairment or medical condition that is not listed above | | | |
|  | I have two or more impairments and/or disabling medical conditions | | | |
|  | Information refused | | | |
| I have personal care support | |  | I carry medicines which are time critical in their application (e.g. Epi-pen) |  |
| Please describe any additional support requirements you may have: | | | | |

**AGE**- Please click or ‘x’ box below as relevant

0 – 24  25 – 29  30 – 34  35 – 39

40 – 44  45 – 49  50 – 54  55 – 59

60 – 64  65 +  Prefer to not disclose

**GENDER** - Please click or ‘x’ box below as relevant

Male  Female  Other  Prefer to not disclose

**ETHNICITY** - Please click or ‘x’ box below as relevant

Asian British  Asian other  Black British

Black other  Mixed/multiple ethnic groups  Other

White British  White other  Prefer to not disclose