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| **Widening Participation form (optional)** *PRIVACY POLICY- Completing and submitting this form as part of an E5 DTP application is completely optional: you are not obliged to do so if you do not wish to. The information you provide on this form will only be seen by the E5 DTP Admission team and the independent E5 DTP Widening Participation Panel, who will review it alongside the rest of your application to ensure equality of opportunity for applicants from under-represented groups. This form and the information it contains will not be shared with members of the supervision team of the project(s) you apply for, or with the E5 DTP selection panel members, at any stage of the recruitment process. We will treat this information as highly confidential and will hold it securely for a maximum of 1 year following the end of the applications cycle in case you were not successful with your application. We might collect and keep anonymised statistical information from this form to help with monitoring our Widening Participation scheme. If you have any questions about your personal data and how it is managed, please email* [*e5dtp.info@ed.ac.uk*](mailto:e5dtp.info@ed.ac.uk) *or refer to the University of Edinburgh* [*Continued privacy notice*](https://www.ed.ac.uk/records-management/notice) *for more information.*  We are aware that not all students have had the same opportunities leading to this point in their careers or may have been affected by unconscious bias during their degree programs. Accordingly, we have widened the criteria for under-represented groups to reach the interview stage of our application process. If you would like our E5 DTP Widening Participation Panel to review your application to take any additional information into account please state this below. |

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| **Your full name (as on your application form please):** |
| **Do you fall into any of the under-represented groups listed below:** *Please tick one or more boxes.*  Declared disability  Minority group (in your country of residence)  First generation to attend university  Caring responsibilities  Received/qualified for additional financial aid during your studies (in your country of residence) – please specify below  Other (e.g. major interruption in studies during degree) – please specify below |
| **Please provide further details if you wish** (maximum 200 words – the box will expand): |