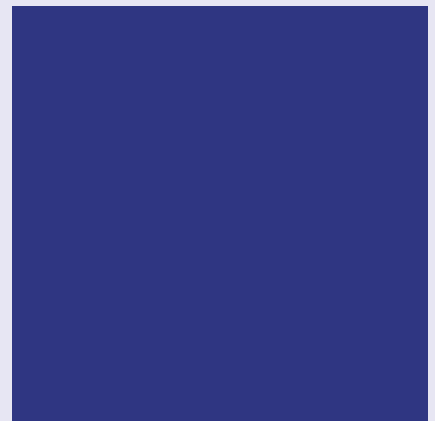




LONDON
SCHOOL *of*
HYGIENE
& TROPICAL
MEDICINE



MASTERS DEGREES
APPLICATION PACK 2011-12

THE MSc APPLICATION PROCESS

WHAT HAPPENS NEXT?

1. Application received in Registry

- Once your application has been received in Registry, an email will be sent to the email address you have stated on your Application Form. This will confirm receipt of your application and will also contain details of possible sources of funding (see General Information section of the Prospectus or check the School's website: www.lshtm.ac.uk/prospectus/funding).
- If any of the documentation on the checklist (page 10 of the Application Pack) has not yet been received, your Application Form will be held in Registry until it is received.

2. Application sent to Course Director

- Once all the documentation on the checklist (page 10 of the Application Pack) has been received, your application will be sent for consideration to the Course Director of your first course choice.

3. Application decision

- We aim to advise you of the decision within four to six weeks of receipt of a **complete** application.
- If the Course Director requires any further information on the application in order to make a decision, Registry will email you to request it.

3a. Application unsuccessful

- If your application is unsuccessful, Registry will advise you by post.
- If you indicated a second course choice, your application will be sent to the relevant Course Director and the process is followed again.

3b. Application successful

- If your application is successful, Registry will send an email to you with a formal offer of admission attached as an Adobe Acrobat (PDF) file.

- This email will also include details of web pages containing information on how to accept the offer of admission, how to apply for a place in University of London accommodation and other items relevant to planning your period of study at the School.

4. How to reply to the offer of admission

- You should respond to an offer of admission within 35 days.
- Sign and date the offer of admission and return it to Registry to confirm acceptance of the offer.
- You may reply to the offer of admission by scanned email attachment, fax or post.
- All offers of admission are conditional upon satisfactory evidence of funding and evidence of satisfactory qualifications. Other conditions (such as evidence of a satisfactory English language test score) may also be applied to the offer of admission. **You must fulfil all conditions of your offer of admission before the start of the course.** All documentation related to the conditions of an offer of admission must be original.

5. Offer accepted – what next?

- Once you have accepted your offer of admission, Registry will send you regular emails (to the email address on your Application Form) to confirm details of any documentation outstanding relating to the conditions of the offer of admission.
- In August, an invoice and a web link to a Pre-registration Pack will be sent to you.
- When you have fulfilled all conditions of your offer of admission, Registry will send a letter to you confirming this. This may be used for visa purposes.

6. When does the course start?

- The start of the course is advised on your offer of admission.
 - You must fulfil all conditions of your offer of admission by that date. Tuition fees (whether paid by you or by a sponsor) must also be paid **in full** by that date.
 - All applicants holding an offer of admission must arrive in London in time to attend the School on the morning of the start date of the studies (as advised on the offer of admission).
 - It is not permitted to join the course later than the date stated on the offer of admission.
- ### 7. Don't forget
- It is very important that you keep Registry advised of any change of contact details.
Email: registry@lshtm.ac.uk stating your applicant reference code.

If you have any further questions about the application process, please contact Registry.

Registry,
LSHTM,
Keppel Street,
London WC1E 7HT,
United Kingdom.

Email: registry@lshtm.ac.uk
Telephone: +44 (0) 20 7299 4646
Fax: +44 (0) 20 7299 4656

YOU MUST TELL REGISTRY IF YOUR CONTACT DETAILS CHANGE.

Applications for MSc Veterinary Epidemiology should be submitted directly to The Royal Veterinary College Graduate School, please see page 47 of the Prospectus.

Applications for Distance Learning courses should be submitted to the University of London International Programmes Office, please see pages 48-51 of the Prospectus.

HOW TO COMPLETE THE APPLICATION FORM

The Application Form is on pages 7-10 of this pack.

Please complete it in BLOCK CAPITALS with black or blue ink.

Please ensure you read instructions carefully before completing the Application Form.

This form should be used for MSc applications only.

There is a separate application pack for MPhil/PhD and DrPH, if this is not in your copy of the 2011-12 Prospectus, it can be requested from Registry or printed from: www.lshtm.ac.uk/prospectus/howto

In order to assess your tuition fee status, we ask you to please complete this section and to provide **proof** of Permanent Right of Residency/Indefinite Leave to Remain, if you have it. Please refer to the General Information section of the Prospectus for list of qualifying family members and tuition fee assessment regulations.

Permanent Address: the address with which you maintain a permanent connection, but do not necessarily reside.

Email will be our main method of correspondence with you. It is important that the email address given is written clearly (please write in block capitals), is valid and that you check your mail regularly.

Courses should be listed in order of preference. Applications are considered one course at a time, following your order of preference. If you receive an offer of admission, your application will not be passed for consideration to any subsequent choice.

APPLICATION FOR MSc COURSES ONLY

LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS. Please ensure that you read carefully the How to Complete Application Form section.

PERSONAL DETAILS

Family Name _____ Title _____ Dr/Mr/Mrs etc.
Other Names _____ Gender Male Female
Nationality _____ Date of Birth day/month/year _____

Passport Number _____
Country of Birth _____

This section to be completed by non-EU/UK nationals only.
Do you have the right to permanent residence in the UK/EU? Yes No
Please include evidence of the above with your application.
If Yes, when did your current residence in the UK/EU start? day/month/year _____
Are any of your family UK/EU nationals? If yes, what relation? _____

PERMANENT ADDRESS **CORRESPONDENCE ADDRESS**

Postcode _____ Postcode _____
Country _____ Country _____
Telephone _____ Telephone _____
Mobile _____
Email _____
(We will use email as the main method of contacting you.)

PROPOSED STUDIES

MSc COURSES ONLY Applications are considered one course at a time, following your order of preference.
Proposed Year of Entry _____
Full-time Part-time Split Study Proposed Date of Split _____
1st MSc choice _____
2nd MSc choice _____
3rd MSc choice _____
4th MSc choice _____
You will only be considered for your 2nd choice if your application for the 1st choice has been unsuccessful.

FURTHER INFORMATION

How did you most recently hear about the School? (Please tick one)

Advertisement Publication name _____ Date _____
 Website Address _____
 Event Name of event _____ Date _____
 Staff member/Alumni Name _____
 Other _____

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Correspondence Address: the address to which we will send any information regarding your application. Please ensure that you advise Registry if any part of this data changes. This may be the same as your Permanent Address.

Please indicate the proposed year of entry. Note: We consider applications only for the coming year. Please also indicate whether you wish to undertake full-time, part-time or split study. The differences between part-time and split study are explained on page 22 of the Prospectus.

In order to help us determine the best way to promote the work of the School, please tell us where you most recently heard about the School.

Permanent Right of Residency: Indefinite Leave to Remain, Exceptional Leave to Remain or Refugee Status

If you are not a UK or EU citizen and have been granted Indefinite Leave to Remain, Exceptional Leave to Remain, Refugee Status or Permanent Right of Residency in the UK, we will require original proof. This is in order to make a correct assessment of tuition fee status.

List details of your higher education to date (Diplomas and/or Degrees). Please state start and end dates of the course and final overall result, if known. Please also indicate the language of instruction. Continue on a separate sheet if necessary.

A full Curriculum Vitae or Résumé must be submitted with your application, but please list your most recent employment and research experience here.

Type of Contract: If you have been working overseas, please indicate whether your contract was fixed term, temporary or permanent. We may ask you for a letter from your employer to assess tuition fee status.

First Referee: This should be from an academic (e.g. your tutor or research supervisor), if possible.

Using each section of the Reference Form, the Referee is asked to give their opinion of your suitability for the course, your previous research experience, final degree classification, or details of your overall academic performance, and whether they consider this to be a true reflection of your ability.

HIGHER EDUCATION (Degrees or Diplomas held or currently being taken)						
UNIVERSITY/ COLLEGE	QUALIFICATION (e.g. BA, MSc)	SUBJECT	COURSE DATES (Month/Year)		FINAL RESULT	LANGUAGE OF INSTRUCTION
			FROM	TO		
			m/y	m/y		
			m/y	m/y		
			m/y	m/y		
			m/y	m/y		
			m/y	m/y		

A transcript must be submitted with your Application Form.
If you are registered with the UK GMC, state your registration number.

LANGUAGES			
First Language	_____		
Other Languages	_____		
ENGLISH LANGUAGE TESTS TAKEN	DATE OF TEST	OVERALL SCORE	WRITTEN SCORE
	m/y		
	m/y		

If you have taken an English test, please send an original copy of the result to Registry, when available.

EMPLOYMENT			
DATES OF EMPLOYMENT	TYPE OF CONTRACT (fixed, temporary or permanent)	RESPONSIBILITIES	NAME & ADDRESS OF EMPLOYER (including country)
FROM	TO		
m/y	m/y		
m/y	m/y		
m/y	m/y		
m/y	m/y		
m/y	m/y		

Continue on a separate sheet of paper if necessary. Please also include a full CV/Résumé.

REFEREE DETAILS	
If you have studied in the last 5 years you must include a reference from an academic familiar with your work. If you are, or have been employed, the second reference should be from your employer. If you have not been employed, the second reference should be from another academic.	
FIRST REFEREE	SECOND REFEREE
Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____
Fax _____	Fax _____
Email _____	Email _____

YOU SHOULD SEND YOUR REFERENCES IN A SEALED ENVELOPE WITH YOUR APPLICATION.

If your transcripts are not in English, you will be required to submit an official, original translation. If you have not yet graduated, please ensure that you advise us of the date you expect to receive your final result. In this case, a partial transcript may be submitted.

You may be asked to take an English language test. The School only accepts tests taken within two years of the start of the course. Further details are available in the General Information section of the Prospectus.

Second Referee: This should be your current employer or, if relevant, supervisor – **not a colleague.**

Using each section of the Reference Form, the Referee is asked to give an outline of your responsibilities and an assessment of your performance in the workplace.

If a Referee would prefer to send their reference to us directly, they should send it in a sealed envelope to Registry, or by email (from their own account) to registry@lshtm.ac.uk ensuring that **your** name and course choice are clearly stated.

A delay in receipt of references or transcripts could delay the consideration of your application.

The purpose of the motivational statement is to give us some insight into why you wish to follow a particular course of study, and how this course will further your career objectives or plans.

It is not useful to repeat information from the Prospectus – we prefer to hear your views on:

- Why you wish to follow a particular course of study.
 - How your previous training and work experience (where applicable) have prepared you for this course.
- If you have professional experience in the field, please outline this, highlighting aspects of the work which raised questions for you or which indicated the need for further study.
- How the course will help you to take forward your career. Please outline what you plan to do following the course.

REASONS FOR APPLYING

**WHY DO YOU WISH TO TAKE THIS PARTICULAR COURSE OF STUDY/RESEARCH TRAINING?
HOW DOES IT FIT INTO YOUR CAREER OBJECTIVES?**

Where the Entrance Requirements for an MSc for which you have applied include experience of working in particular areas or fields, please state how you meet this requirement.

Continue on a separate sheet of paper if necessary. **If applying for more than one course, give reasons for each choice.** We recommend a maximum of 500 words per course.

Please refer to page 5 of application form for further details on how to complete the motivational statement.

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Remember that your statement will be reviewed by those assessing the application.

We do not penalise applicants whose first language is not English. Please read through a draft of your statement to check for any errors. A well-written statement will always make a better impression.

Do not forget to give the reasons for **each** choice of Degree for which you are applying. Continue on a separate sheet if necessary.

You **must** have funding confirmed before starting a course of study.

You must ensure that you have funding for your full tuition fee costs *and* for your living/maintenance costs **before** starting a course of study. Details on sources of funding can be found in the General Information section of the Prospectus and on the School's website at: www.lshtm.ac.uk/prospectus/funding

Please ensure you read through this checklist and that you have included everything that we need for your application to be considered. If any documentation is missing, this may delay consideration of your application.

TUITION FEES	
Who is paying your tuition fees?	
<input type="checkbox"/> I will pay my own fees. <input type="checkbox"/> I have been awarded sponsorship. Please send original evidence to Registry and complete the details below. <input type="checkbox"/> I have applied for sponsorship. Decision expected <small>month/year</small>	
SPONSOR NAME & ADDRESS	AMOUNT OF AWARD
_____	_____
_____	_____
_____	_____
MAINTENANCE (LIVING COSTS)	
Who is paying your living costs?	
<input type="checkbox"/> I will pay my own living costs. <input type="checkbox"/> I have been awarded sponsorship. Please send original evidence to Registry and complete the details below. <input type="checkbox"/> I have applied for sponsorship. Decision expected <small>month/year</small>	
SPONSOR NAME & ADDRESS	AMOUNT OF AWARD
_____	_____
_____	_____
_____	_____
APPLICANTS FOR MSc TROPICAL MEDICINE & INTERNATIONAL HEALTH ONLY	
Have you been convicted of any criminal offence or been suspended, disqualified or prohibited from practising medicine or from being registered as a medical practitioner in any country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details in an attached letter.	
CHECKLIST	
Please check that you have:	
<input type="checkbox"/> completed all sections of this Application Form <input type="checkbox"/> enclosed your references with this Application Form <input type="checkbox"/> enclosed a full official transcript of your studies, giving details of courses taken and grades obtained <input type="checkbox"/> enclosed a full Curriculum Vitae/Résumé <input type="checkbox"/> enclosed the completed Equal Opportunities form <input type="checkbox"/> enclosed a proof of permanent residency in the UK/EU (if applicable) <input type="checkbox"/> read and signed the declaration below	
DECLARATION (Please read and sign below)	
I certify that the statements made by me on this form are correct and complete. I certify that I will not be concurrently registered for another Degree of the University of London. I understand that, if admitted to the School, the School will not be able to provide any financial assistance.	
Signature _____	Date _____
PLEASE RETURN THIS FORM, REFERENCES, TRANSCRIPTS AND ANY ATTACHMENTS TO: THE REGISTRY, LSHTM, KEPPEL STREET, LONDON WC1E 7HT, UNITED KINGDOM. Email: registry@lshtm.ac.uk , Telephone: +44 (0) 20 7299 4646, Fax: +44 (0) 20 7299 4656	

If you have funding confirmed, or have applied for funding and are awaiting a decision, include details here. An original letter from your sponsors confirming the extent of their support will be required before you start a course of study. If you do not have any funding arranged, but have applied, or intend to apply, for funding or scholarships, please give details of those scholarships/funding organisations and the date a decision is expected.

You must advise us of anything which has affected your registration as a medical practitioner.

Read carefully the terms of this declaration and sign and date it before submitting your application.

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THIS IS THE ADDRESS TO WHICH YOU MUST SEND YOUR COMPLETED APPLICATION PACK.

If you have any questions, please email Registry at: registry@lshtm.ac.uk



APPLICATION FOR MSc COURSES ONLY

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS.
Please ensure that you read carefully the How to Complete Application Form section.

PERSONAL DETAILS

Family Name _____ Title Dr/Mr/Mrs etc.
Other Names _____ Gender Male Female
Nationality _____ Date of Birth day/month/year

Passport Number _____
Country of Birth _____

This section to be completed by non-EU/UK nationals only.

Do you have the right to permanent residence in the UK/EU? Yes No

Please include evidence of the above with your application.

If Yes, when did your current residence in the UK/EU start? _____ day/month/year

Are any of your family UK/EU nationals? If yes, what relation? _____

PERMANENT ADDRESS

CORRESPONDENCE ADDRESS

Postcode _____ Postcode _____
Country _____ Country _____
Telephone _____ Telephone _____
Mobile _____
Email _____

(We will use email as the main method of contacting you.)

PROPOSED STUDIES

MSc COURSES ONLY Applications are considered one course at a time, following your order of preference.

Proposed Year of Entry _____

Full-time Part-time Split Study Proposed Date of Split _____

1st MSc choice _____

2nd MSc choice _____

3rd MSc choice _____

4th MSc choice _____

You will only be considered for your 2nd choice if your application for the 1st choice has been unsuccessful.

FURTHER INFORMATION

How did you most recently hear about the School? (Please tick one)

Advertisement Publication name _____ Date _____

Website Address _____

Event Name of event _____ Date _____

Staff member/Alumni Name _____

Other _____

HIGHER EDUCATION (Degrees or Diplomas held or currently being taken)

UNIVERSITY/ COLLEGE	QUALIFICATION (e.g. BA, MSc)	SUBJECT	COURSE DATES (Month/Year)		FINAL RESULT	LANGUAGE OF INSTRUCTION
			FROM	TO		
_____	_____	_____	m/y	m/y	_____	_____
_____	_____	_____	m/y	m/y	_____	_____
_____	_____	_____	m/y	m/y	_____	_____
_____	_____	_____	m/y	m/y	_____	_____
_____	_____	_____	m/y	m/y	_____	_____
_____	_____	_____	m/y	m/y	_____	_____

A transcript must be submitted with your Application Form.

If you are registered with the UK GMC, state your registration number. _____

LANGUAGES

First Language _____

Other Languages _____

ENGLISH LANGUAGE TESTS TAKEN **DATE OF TEST** **OVERALL SCORE** **WRITTEN SCORE**

_____ m/y _____ _____
 _____ m/y _____ _____

If you have taken an English test, please send an original copy of the result to Registry, when available.

EMPLOYMENT

DATES OF EMPLOYMENT		TYPE OF CONTRACT (fixed, temporary or permanent)	RESPONSIBILITIES	NAME & ADDRESS OF EMPLOYER (including country)
FROM	TO			
m/y	m/y	_____	_____	_____
m/y	m/y	_____	_____	_____
m/y	m/y	_____	_____	_____
m/y	m/y	_____	_____	_____
m/y	m/y	_____	_____	_____
m/y	m/y	_____	_____	_____

Continue on a separate sheet of paper if necessary. Please also include a full CV/Résumé.

REFEREE DETAILS

If you have studied in the last 5 years you must include a reference from an academic familiar with your work.

If you are, or have been employed, the second reference should be from your employer.

If you have not been employed, the second reference should be from another academic.

FIRST REFEREE

Name _____

Position _____

Address _____

Telephone _____

Fax _____

Email _____

SECOND REFEREE

Name _____

Position _____

Address _____

Telephone _____

Fax _____

Email _____

YOU SHOULD SEND YOUR REFERENCES IN A SEALED ENVELOPE WITH YOUR APPLICATION.

REASONS FOR APPLYING

WHY DO YOU WISH TO TAKE THIS PARTICULAR COURSE OF STUDY/RESEARCH TRAINING? HOW DOES IT FIT INTO YOUR CAREER OBJECTIVES?

Where the Entrance Requirements for an MSc for which you have applied include experience of working in particular areas or fields, please state how you meet this requirement.

Continue on a separate sheet of paper if necessary. **If applying for more than one course, give reasons for each choice.** We recommend a maximum of 500 words per course.

Please refer to page 5 of application form for further details on how to complete the motivational statement.

TUITION FEES

Who is paying your tuition fees?

- I will pay my own fees.
- I have been awarded sponsorship. Please send original evidence to Registry and complete the details below.
- I have applied for sponsorship. Decision expected month/year

SPONSOR NAME & ADDRESS

AMOUNT OF AWARD

_____	_____
_____	_____
_____	_____

MAINTENANCE (LIVING COSTS)

Who is paying your living costs?

- I will pay my own living costs.
- I have been awarded sponsorship. Please send original evidence to Registry and complete the details below.
- I have applied for sponsorship. Decision expected month/year

SPONSOR NAME & ADDRESS

AMOUNT OF AWARD

_____	_____
_____	_____
_____	_____

APPLICANTS FOR MSc TROPICAL MEDICINE & INTERNATIONAL HEALTH ONLY

Have you been convicted of any criminal offence or been suspended, disqualified or prohibited from practising medicine or from being registered as a medical practitioner in any country? Yes No

If yes, please provide details in an attached letter.

CHECKLIST

Please check that you have:

- completed all sections of this Application Form
- enclosed your references with this Application Form
- enclosed a full official transcript of your studies, giving details of courses taken and grades obtained
- enclosed a full Curriculum Vitae/Résumé
- enclosed the completed Equal Opportunities form
- enclosed a proof of permanent residency in the UK/EU (if applicable)
- read and signed the declaration below

DECLARATION (Please read and sign below)

I certify that the statements made by me on this form are correct and complete.

I certify that I will not be concurrently registered for another Degree of the University of London.

I understand that, if admitted to the School, the School will not be able to provide any financial assistance.

Signature _____ Date _____

**PLEASE RETURN THIS FORM, REFERENCES, TRANSCRIPTS AND ANY ATTACHMENTS TO:
THE REGISTRY, LSHTM, KEPPEL STREET, LONDON WC1E 7HT, UNITED KINGDOM.**

Email: registry@lshtm.ac.uk, Telephone: +44 (0) 20 7299 4646, Fax: +44 (0) 20 7299 4656

REFERENCE FOR MSc APPLICATION



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS.
We recommend that this reference is sent in a sealed envelope with your application in order to avoid a delay in the decision.

APPLICANT DETAILS (Applicant should complete this section and send to Referee)

Family Name _____
 Other Names _____
 Course Applied For _____
 Date of Birth day/month/year Year of Entry year

REFEREE TO COMPLETE (Please complete both sides)

The above student is applying to this School for admission to an MSc course. To help us in the selection process, please complete both sides of this form.

APPLICANT INFORMATION

How long have you known the applicant? _____
 In what capacity do you know the applicant? _____
 (e.g. student/employee)

REFEREE INFORMATION

Name _____
 Position/Title _____
 Organisation _____
 Email _____ Telephone _____
 Signature _____ Date _____

ASSESSMENT

Please assess the applicant on a scale of 5 (highest) to 1 (lowest) in relation to the following criteria.
 Please circle the appropriate number.

	Excellent	Very Good	Good	Fair	Poor	Unable to comment
Intellectual ability	5	4	3	2	1	0
Written communication skills	5	4	3	2	1	0
Oral communication skills	5	4	3	2	1	0
Ability to meet deadlines	5	4	3	2	1	0
Ability to organise workload	5	4	3	2	1	0
Ability to work independently	5	4	3	2	1	0
Ability to produce original work	5	4	3	2	1	0
Numerical/mathematical ability	5	4	3	2	1	0
English language ability	5	4	3	2	1	0
Motivation	5	4	3	2	1	0
OVERALL ASSESSMENT	5	4	3	2	1	0

PLEASE TURN OVER

WRITTEN COMMENTS

Please comment in writing on the applicant. We would be grateful if your comments could include:

- Your opinion of the applicant's suitability for the course.
(Details of all courses are at: www.lshtm.ac.uk/courses)
- Their previous research experience.
- If you know/knew the applicant academically, their final Degree classification, final year rank, grade or overall GPA they obtained/are expected to obtain, or details of their overall academic performance and whether you consider this to be a true reflection of their ability.
- If you know/knew the applicant as their employer, an outline of their responsibilities and an assessment of their performance in the workplace.

If you wish to write your comments on a separate sheet of paper, please cross through this section.
Comments must be written on headed paper.

If you require more space, please attach a separate sheet of headed paper.

OVERALL RECOMMENDATION

Please tick one of the following

- I strongly recommend this applicant for the programme of study
- I recommend the applicant for the programme of study
- I do not recommend the applicant for the programme of study
- I am unable to comment

USE OF INFORMATION

Under the Data Protection Act 1998, applicants and students have a right to see any reference held on file. If this will affect your reference, please contact the Head of Registry Services at the address below.

Please tick this box if you do **NOT** want the School to pass this reference to a third party or organisation if it is required for an application for a scholarship or award.

Thank you for completing this form. Please return this reference to the applicant in a sealed envelope or directly to:

The Registry, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom.
Or by fax to +44 (0) 20 7299 4656 or as an email attachment to: registry@lshtm.ac.uk

WRITTEN COMMENTS

Please comment in writing on the applicant. We would be grateful if your comments could include:

- Your opinion of the applicant's suitability for the course.
(Details of all courses are at: www.lshtm.ac.uk/courses)
- Their previous research experience.
- If you know/knew the applicant academically, their final Degree classification, final year rank, grade or overall GPA they obtained/are expected to obtain, or details of their overall academic performance and whether you consider this to be a true reflection of their ability.
- If you know/knew the applicant as their employer, an outline of their responsibilities and an assessment of their performance in the workplace.

If you wish to write your comments on a separate sheet of paper, please cross through this section.
Comments must be written on headed paper.

If you require more space, please attach a separate sheet of headed paper.

OVERALL RECOMMENDATION

Please tick one of the following:

- I strongly recommend this applicant for the programme of study
- I recommend the applicant for the programme of study
- I do not recommend the applicant for the programme of study
- I am unable to comment

USE OF INFORMATION

Under the Data Protection Act 1998, applicants and students have a right to see any reference held on file. If this will affect your reference, please contact the Head of Registry Services at the address below.

Please tick this box if you do **NOT** want the School to pass this reference to a third party or organisation if it is required for an application for a scholarship or award.

Thank you for completing this form. Please return this reference to the applicant in a sealed envelope or directly to:

The Registry, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom.
Or by fax to +44 (0) 20 7299 4656 or as an email attachment to: registry@lshtm.ac.uk

EQUAL OPPORTUNITIES FORM

PLEASE COMPLETE ALL SECTIONS. PLEASE WRITE CLEARLY IN BLOCK CAPITALS.
This form will be separated from the rest of your Application Form before it is sent to the Course Organiser for consideration.



**LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE**

EQUAL OPPORTUNITIES MONITORING

The School does not discriminate in considering any person for admission as a student of the School on grounds of religion, race (including colour, citizenship and ethnic origin), political affiliation, sexual orientation or gender.

This information will only be used to monitor the School's equal opportunities policies, and to assess and deliver appropriate support. However, we recognise that some students might want this information to remain confidential. If you do not want to disclose this information using this form, there will be other opportunities during the admissions process. Alternatively you are welcome to contact the Head of Registry Services to discuss any issues in person.

ETHNIC ORIGIN

To which ethnic group do you consider you belong?

If you do not want to give this information please tick 'Information refused'.

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> Information refused | (98) | <input type="checkbox"/> Asian Bangladeshi or Asian British Bangladeshi | (33) |
| <input type="checkbox"/> White | (10) | <input type="checkbox"/> Chinese | (34) |
| <input type="checkbox"/> Irish Traveller | (14) | <input type="checkbox"/> Other Asian Background | (39) |
| <input type="checkbox"/> Black Caribbean or Black British Caribbean | (21) | <input type="checkbox"/> Mixed – White and Black Caribbean | (41) |
| <input type="checkbox"/> Black African or Black British African | (22) | <input type="checkbox"/> Mixed – White and Black African | (42) |
| <input type="checkbox"/> Other Black background | (29) | <input type="checkbox"/> Mixed – White and Asian | (43) |
| <input type="checkbox"/> Asian Indian or Asian British Indian | (31) | <input type="checkbox"/> Other mixed background | (49) |
| <input type="checkbox"/> Asian Pakistani or Asian British Pakistani | (32) | <input type="checkbox"/> Other ethnic background | (80) |

DISABILITY

The London School of Hygiene & Tropical Medicine aims to create an environment which enables all students to participate fully in University life. In order to ensure that disabled people compete fairly for study within the London School of Hygiene & Tropical Medicine, it would be helpful if you could please answer the following questions:

Do you consider yourself to be disabled, or to have a long-term health related condition that impacts on your ability to carry out normal day-to-day-activities? YES NO

If you answered YES above, please complete the following table. You should also complete the Investigating Access form, available on request from Registry, or from the School's website: www.lshtm.ac.uk/prospectus/howto

In order to make any reasonable adjustments which may be necessary, it will help us if you indicate your specific needs. Please tick any category you think is applicable to your disability:

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> You have a specific learning disability (e.g. dyslexia) | (11) | <input type="checkbox"/> You are blind or partially sighted | (2) |
| <input type="checkbox"/> You are deaf or hard of hearing | (3) | <input type="checkbox"/> You use a wheelchair or have mobility difficulties | (4) |
| <input type="checkbox"/> You require personal care support | (5) | <input type="checkbox"/> You have mental health difficulties | (6) |
| <input type="checkbox"/> You have a disability that cannot be seen (e.g. diabetes, epilepsy or a heart condition) | (7) | <input type="checkbox"/> You have Autistic Spectrum Disorder or Asperger's Syndrome | (10) |
| <input type="checkbox"/> You have a disability, special need or medical condition that is not listed above | | | (96) |

Do you have any additional support needs to enable you to study or to take exams? Please give details.

Continue on a separate sheet if necessary.

Thank you for taking the time to complete this form. The information you have provided will help the School to monitor the effectiveness of our equal opportunities policies and procedures.

IF YOU REQUIRE A COPY
OF THIS APPLICATION
PACK IN AN ALTERNATIVE
FORMAT, PLEASE CONTACT
THE LSHTM REGISTRY
registry@lshtm.ac.uk



www.lshtm.ac.uk

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