**RESEARCH INNOVATION AWARDS (RIA)**

**APPLICATION FORM**

**Project Title: Embedded sensors for next generation compression garment design**

**IMPORTANT
Please complete this form in full and attach a full Curriculum Vitae prior to submission to Cardiff Metropolitan University**

**When completed, please return either by post or electronically, to:**

Kate Jefferies, REF & Policy Manager, Research & Enterprise Services

Cardiff Metropolitan University, Western Avenue, Cardiff, CF5 2YB

kajefferies@cardiffmet.ac.uk

 **Section 1: Personal Details**
Surname / Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Qualifications**

Please list your qualifications, including professional, giving the highest qualification first
Please ensure you mark any qualifications yet to be awarded as pending

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| --- | --- | --- | --- | --- |
| Date awarded | Awarding body | Subject/unit/module/component | Level / Result | Grade / Result |
| M | Y |
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**Section 3: Employment / Experience Details**

Please provide details of any relevant employment or experience that you may have

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| --- | --- | --- | --- |
| Dates | Organisation | Job Title | Main Duties / Responsibilities |
| From M/Y | To M/Y |
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**Section 4: Further information in support of your application**

Please provide any further information you would like us to consider. This will help us understand why you wish to study at Cardiff Metropolitan University and what makes you a suitable candidate for the project you are interested in (please use additional sheets if necessary).

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**Section 5: References**

Please give the names of two people from whom academic or professional references can be obtained in respect of this application

**Reference 1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Main phone contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference 2:**

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Main phone contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Equal opportunities monitoring information** |

In keeping with Cardiff Metropolitan University’s Equal Opportunities Policy, we are committed to improving representation from all sections of the community. Selection for these scholarships will be based on the merits and ability of applicants. The information given below will enable us to measure the effectiveness of our equal opportunities policy. This sheet will be detached before your application is considered and the information will be maintained confidentially by Research & Enterprise Services. The information on this page will not be seen by the selection panel, nor will it be possible to identify individuals from the summary statistics.

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **National Insurance Number:** |  |
| **Gender:** | [ ]  Male | [ ]  Female |
| **Language proficiency:** | **Are you Welsh speaking?** | [ ]  Yes | [ ]  No |
| **Are you able to speak any other language(s)?** | [ ]  Yes | [ ]  No |
| If yes, please tell us which one(s) |
|  |
| **Do you have any of the following disabilities?[[1]](#footnote-1)** |
| Specific learning disability | [ ]  |
| Blind or visually impaired | [ ]  |
| Deaf or hearing impaired | [ ]  |
| Physical impairment or mobility issue | [ ]  |
| Autistic spectrum disorder / Asperger syndrome | [ ]  |
| Mental health condition | [ ]  |
| Unseen disability (eg diabetes, epilepsy, heart condition) | [ ]  |
| 2 or more of the above | [ ]  |
| Other type of disability | [ ]  |
| None of the above | [ ]  |
| If you have answered yes to any of the above, please let us know if you will require any additional arrangements to be put in place when attending for an interview |
|  |
|  |
| **Which of the following describes your ethnicity?[[2]](#footnote-2)** |
| White British | [ ]  |
| White Irish | [ ]  |
| White Scottish | [ ]  |
| White Welsh | [ ]  |
| Other white background | [ ]  |
| Black or Black British – Caribbean | [ ]  |
| Black or Black British – African | [ ]  |
| Other black background | [ ]  |
| Asian or Asian British – Indian | [ ]  |
| Asian or Asian British – Pakistani | [ ]  |
| Asian or Asian British – Bangladeshi | [ ]  |
| Chinese | [ ]  |
| Other Asian Background | [ ]  |
| Mixed – White and Black Caribbean | [ ]  |
| Mixed – White and Black African | [ ]  |
| Mixed – White and Asian | [ ]  |
| Other mixed background | [ ]  |
| Other ethnic background | [ ]  |
| Not known | [ ]  |
| Information refused | [ ]  |

I declare that the information I have given is, to the best of my knowledge, true and complete.

I agree that the information given may be used for registered purposed under the Data Protection Act 2000.

Signed: Date:

**Thank you for your co-operation**

1. Classifications in line with UCAS [↑](#footnote-ref-1)
2. Classifications in line with Census, HESA and Commission for Race Equality [↑](#footnote-ref-2)