**CARDIFF METROPOLITAN UNIVERSITY DOCTORAL SCHOLARSHIP**

**APPLICATION FORM**

**Project Title:** *Developing an injury surveillance program for Welsh community rugby*

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

**When completed, please return electronically, to:**

[ESSHRI@cardiffmet.ac.uk](mailto:ESSHRI@cardiffmet.ac.uk)

Cyncoed Campus Research and Innovation Team, Cardiff School of Sport and Health Sciences

Cardiff Metropolitan University, Cyncoed Road, Cardiff, CF23 6XD

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

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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 |
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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 a statement detailing how your qualifications, experience and research interests make you a suitable candidate for this scholarship (Please use additional sheets if necessary; maximum of two A4 pages).

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Reference 2:**

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

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

Cardiff Metropolitan University is committed to equality of opportunity in our studentship selection processes. By completing this form, you will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equality of opportunity or even equity in making those awards. The information you supply on this form will be kept confidential. The monitoring portion of this form will not be sent to reviewing panel members, and the answers you give will have no bearing on the outcome of your application. If you have any queries or would like further information on Equality & Diversity monitoring please contact [equality@cardiffmet.ac.uk](mailto:equality@cardiffmet.ac.uk).

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| **Sex** (please tick the appropriate box)  Male  Female  **Gender Identity** (please tick the appropriate box)  **Does your gender identity match your sex as registered at birth?**    Yes  No  Prefer not to say  **Marital Status** (please tick the appropriate box)  Married or Civil Partnership  Not Married or Civil Partnership  Prefer not to say  **Nationality** (please confirm your nationality below according to your passport)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Ethnicity** (please tick appropriate group - classifications in line with ECU)  White  Gypsy or Traveller  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  Arab  Other ethnic background  Prefer not to say |

**National Identity** (please tick the appropriate boxes)

Please chose either one or two from the following list, and mark your main choice 1. If you view yourself as having more than one National Identity, please mark your second choice 2.

British Other

English Scottish

Irish Welsh

Prefer not to say

(Classifications in line with HEFCW)

**Disability**

A person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability, impairment, health condition or learning difficulty? If so, please tick the appropriate box (classifications in line with ECU)

No known disability

Two or more impairments and/or disabling medical conditions

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

General learning disability (such as Down’s syndrome)

A social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder

A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart

disease, or epilepsy

A mental health condition, such as depression, schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair

or crutches

Deaf or serious hearing impairment

Blind or a serious visual impairment uncorrected by glasses

A disability, impairment or medical condition that is not listed above

Prefer not to say

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| **Pregnancy & Maternity: Are you currently pregnant or have you been pregnant in the last year?** (please tick the appropriate box)  Yes  No  Prefer not to say  **Maternity Leave: In the past year have you taken any maternity leave?** (please tick the appropriate box)  Yes  No  Prefer not to say  **Religion: What is your religion?** (please tick  the appropriate box - classifications in line with ECU)    No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Spiritual  Any other religion or belief  Prefer not to say  **I can understand Welsh by reading**  No skills  Can read some basic words and phrases  with understanding  Can read simple material on everyday  topics with understanding  Can read some routine work-related  Material with support e.g. dictionary  Can read most work-related material  Full understanding of all work related  material  **I can write and understand Welsh**  No skills  Can write basic messages on everyday  topics  Can write simple work-related  correspondence  Can prepare routine work-related material  with checking  Can prepare most written work in Welsh  Can prepare written material for all  work-related matters  **Correspondence in Welsh**  Should you be successfully appointed to the post please state if you would wish for the following to be provided to you in the Welsh language.  Contract of employment  Yes  No  Paper correspondence that relates to my employment (addressed to me personally)  Yes  No  Documents that outline my training needs or requirements  Yes  No  Documents that outline my performance objectives  Yes  No  Documents that outline or record my career plan  Yes  No | **Sexual Orientation: What is your sexual orientation?** (please tick the appropriate box - classifications in line with ECU)  Bisexual  Gay man  Gay woman/lesbian  Heterosexual  Other  Prefer not to say  **Language skills**  (please tick the appropriate boxes)  **I can understand Welsh by listening**    No skills    Can understand parts of a basic conversation  Can understand basic conversations  about everyday topics  Can understand routine work-related conversations  Can understand most work related conversations  Can understand all work-related conversations  **I can speak and understand Welsh**  No skills  Can hold a basic conversation in Welsh  Can hold simple work-related  Conversations    Can converse in some  work-related conversations  Can converse in most  work-related conversations  Fluent  **Are you able to speak any other language(s)?**  (please tick the appropriate boxes)  Yes  No  If yes, please state the language(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Recruitment assessment language preference**  Please select from the following options if you wish to use the Welsh language at interview or in any other method of assessment.  **Interview**  Yes  No  **Any other method of assessment**  Yes  No |
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**Thank you for your co-operation**