**CAPE Fellowship Application Form 2021**

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| **Applicant Name** |  |
| **Job Title and Grade** |  |
| **Organisation** |  |
| **Email Address** |  |
| **Mobile Phone Number** |  |
|  |  |
| What are your **aims** or **reasons for applying** for the Fellowship | **Describe the influence of your role on public policy** (e.g. I lead on...)  **Your aims or objectives for your CAPE Fellowship meetings** |
|  |  |
| What **questions** would you explore through the Fellowship?  We use these questions as the basis for arranging meetings with researchers | *Please list 3-6 short questions to address during the Fellowship, posed in everyday language. If your application is successful you will have the opportunity to revise these questions*   1. ? 2. ? 3. ? 4. ? 5. ? 6. ?   *(If your application is successful, your aims and objectives and questions will be shared with the academics in our network we invite to meet you)* |
|  |  |
| **Short public biography**  for CAPE website |  |

**Advertising and equal opportunities monitoring**

The CAPE collaboration is committed to equal opportunities and to treating all applications on their merits. We will use the information collected from this part of the application for statistical and monitoring purposes so that we can make sure that our equal opportunities policy is working. We will separate this part from the rest of your application when we get it. We will not use it as part of the selection process. Sensitive information will be used by the Centre for Science and Policy at the University of Cambridge, who are managing the CAPE Fellows programme on behalf of the consortium, to generate anonymised statistics that will never be presented in a form that allows individuals to be identified.

We will record your sensitive personal information securely. This system is password protected and only trained individuals have access to it. Only a limited number of key individuals in the Centre for Science and Policy can view information on disability, ethnic origin, nationality, religious belief, sexual orientation and whether your gender identity is the same as the gender originally assigned at birth, and they will treat it with the strictest confidence. There is an option to tick “prefer not to say” for sensitive questions. If you do not provide any answer for a question, then we treat you as having ticked “prefer not to say”.

**Advertising Source**

|  |  |
| --- | --- |
| Where did you first learn about the Policy Fellowship opportunity? |  |

**Gender**

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| --- | --- |
| What is your gender? | Female  Male  Prefer not to say |

**Date of Birth**

|  |  |
| --- | --- |
| What is your date of birth? | \_\_/\_\_/\_\_\_\_  Prefer not to say |

**Nationality**

|  |  |
| --- | --- |
| Which country defines your national identity? | Country:  Prefer not to say |

**Ethnic Origin**

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| --- | --- |
| What is your background? | **White:**  British  Irish  White background – other  **Mixed:**  White and Black Caribbean  White and Black African  White and Asian  Mixed background – other  **Asian or Asian British:**  Indian  Pakistani  Bangladeshi  Asian background – other  **Black or Black British:**  Caribbean  African  Black background – other  **Chinese:**  Chinese  **Arab**  Arab  **Gypsy or Traveller**  Gypsy or Traveller  **Other ethnic group:**  Other ethnic group  **Prefer not to say:**  Prefer not to say |

**Disability**

|  |  |
| --- | --- |
| Do you regard yourself as in any way disabled? | Yes  No  Prefer not to say |
| If yes, what is the nature of your disability? | Please tick the appropriate box. If you experience more than one type of impairment, please tick the box next to all of the types that apply. If your disability does not fit any of these types, please tick other.  Specific learning disability (such as dyslexia or dyspraxia)  General learning disability (such as Down’s Syndrome)  Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)  Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy  Mental health condition (such as depression or schizophrenia)  Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)  Deaf or serious hearing impairment  Blind or serious visual impairment  Two or more impairments and/or disabling medical conditions  A social/communication impairment such as Asperger’s  syndrome/other autistic spectrum disorder.  Other type of disability not listed above |

**Religious beliefs**

|  |  |
| --- | --- |
| What are your religious beliefs? | Buddhist  Christian  Hindu  Jewish  Muslim  No religion  Sikh  Spiritual  Any other religion or belief  Prefer not to say |

**Sexual orientation**

|  |  |
| --- | --- |
| What is your sexual orientation? | Bisexual  Gay man  Gay woman / lesbian  Heterosexual  Other  Prefer not to say |

**Gender identity**

|  |  |
| --- | --- |
| What is your gender identity? | Gender identity is the same as the gender originally assigned at birth  Gender identity is different to the gender originally assigned at birth  Prefer not to say |