You can use this word document to help prepare your answers. Please submit your final application via <https://forms.office.com/e/uSdsqZsxYp>

Centre for Doctoral Training in Aerosol (2023-27)

In submitting this form, you are agreeing to allow us to share your responses with the CDT academic team(s) for the research projects you are interested in. This will allow us to find the best PhD opportunity for you.

The Centre for Doctoral Training in Aerosol Science is committed to furthering issues of equality, diversity and inclusion and we are keen to attract talented individuals from a diverse range of backgrounds. The needs of individuals will be accommodated during the recruitment process and while studying with the CDT. Further information on our commitment to equality and diversity can be found at: <http://www.bris.ac.uk/jobs/diversity.html>

For more information on how your application will be assessed and what criteria are used to shortlist candidates for interview, please see: <https://www.aerosol-cdt.ac.uk/faqs/>

Please only complete this application form once. If you have any questions, please contact us at aerosol-science@bristol.ac.uk

Required

Your details

1.What is your first name?



2.What is your last name?



3.What is your address?



4.What is your email address?



5.What is your expected fee / residency status?

Home / UK

EU

Overseas

Unsure

6. *[If your answer to question 5 is EU, Overseas or Unsure]-* Successful applicants must meet the English Language requirements of the CDT in Aerosol Science partner University who makes their offer.

Please tell us whether you currently meet the English Language criteria "Profile F" from the University of Bristol:  <http://www.bristol.ac.uk/study/language-requirements/profile-f/>

No

Yes

Unsure

7.If you answered 'Yes' to question 6, please give details of your appropriate qualification or tell us on what grounds you have an exemption from taking a formal qualification.

If you answered 'Unsure' to question 6, please give us details of any previous English Language tests or English-speaking study you have undertaken.

If you answered 'No', please indicate by what approximate date you would be planning to take an English Language test. Details of the accepted examinations are given in the link in question 6. Please note that without an appropriate English Language qualification, we would be unable to make you a formal offer.



Your degree qualifications and / or current programme of study

Please provide details of institution, subject, year of award and details of your final year project, starting with the most recent:

8.Most recent degree institution



9.Most recent degree details

*Please include type of qualification, subject and further details, e.g. final year project*



10.Graduation year



11.Result / predicted result (if known)



12.Additional degree institution



13.Additional degree details

*Please include type of qualification, subject and further details, e.g. final year project*



14.Graduation year



15.Result



16.Additional degree institution



17.Additional degree details

*Please include type of qualification, subject and further details, e.g. final year project*



18.Graduation year



19.Result



Your PhD interests

20.Tell us about your PhD project preferences:

**E.g. Your preferred theme(s) and/or your preferred PhD institution(s)**
(e.g. Atmospheric/Environmental Aerosols; Aerosols and Health; Aerosol Measurement Techniques; Aerosol Technology; Basic Aerosol Processes; Bath; Bristol; Cambridge; Hertfordshire; Imperial; Leeds; Manchester)

*Your answers are just a guide at this stage and we appreciate they may change. Shortlisted candidates have the opportunity to indicate project preferences, learn more about different specific projects and meet with potential supervisors as part of the interview process.*



21. In 250 words or less, describe the ways in which you feel that your previous experience has prepared you to conduct research in your preferred area(s) with the CDT in Aerosol Science. You may find it helpful to describe any academic, scientific, paid employment, voluntary and/or other experience.

This section will be used to guide us in our shortlisting of candidates for recruitment. **Please ensure that your response is no more than 250 words,** and you answer the question as clearly as you are able.



22.How did you find out about the CDT?

Select your answer

Section 4 – Equality and Diversity

The Centre for Doctoral Training in Aerosol Science (the ‘CDT’) is committed to equality of opportunity in its recruitment and selection process to help achieve and maintain a diverse postgraduate student body.The criteria used for selecting the right candidates to join our programme are based solely on applicant merit and ability.

The Equality and Human Rights Commission recommends that employers collect and monitor information to ensure that their recruitment practices are fair and open to all sections of the community. To help the CDT to monitor the effectiveness of its Equality and Diversity policy in this area, please take a few moments to complete this section of the form. We are asking you to provide the information contained in this survey in accordance with our policy on data protection available to read here: https://www.aerosol-cdt.ac.uk/protecting-your-data-and-diversity-monitoring/

**We are aware that you may be hesitant in providing the personal details requested. The information you provide through this survey will be kept independently of your expression of interest and will not be used as part of the selection process in any way. The information will be treated in strictest confidence and will only be used for monitoring purposes in an anonymised and aggregated form.**
For each question there is a**'prefer not to say'**option. **If you are not happy sharing your personal information, please select this answer option**.

21.Please specify your gender identity

Female

Male

Non-binary

My gender is not listed above

Prefer not to say

22.What is your gender identity status

My gender identity is the same as the gender originally assigned to me at birth

My gender identity is different to the gender originally assigned to me at birth

Prefer not to say

23.What is your age?

Prefer not to say

24 or under

25 - 29

30 - 34

35 - 39

40 - 44

45 - 49

50 - 59

60 or over

24.How would you describe your ethnic origin?

Arab

Asian or Asian-British- Indian

Asian or Asian-British- Pakistani

Asian or Asian-British- Bangladeshi

Chinese or British-Chinese

Any other Asian background

Black or Black-British- African

Black or Black-British- Caribbean

Any other Black, African or Caribbean background

Mixed- Black African and White

Mixed- Black Caribbean and White

Mixed- Asian and White

Any other Mixed or Multiple ethnic background

White- English, Welsh, Scottish, Northern Irish or British

White- Irish

White- Gypsy or Irish Traveller

Any other White background

Any other ethnic brackground

Not known

Prefer not to say

25.Do you consider yourself to have a disability?

This definition includes any long-term health conditions which have a substantial and adverse effect on your ability to carry out normal day-to-day activities.

Yes, known disability

No, no known disability

Prefer not to say

26.To help us monitor the inclusivity of our application process, please indicate which of the following apply to you (you may select more than one option). If you do not wish to give more details please select the ‘prefer not to say’ option:

Prefer not to say

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

27.How would you describe your sexual orientation?

Prefer not to say

Bisexual

Gay man

Gay woman / lesbian

Heterosexual

My sexual orientation is not listed above

28.What are the highest educational qualifications held by your parent(s) or primary caregiver(s)?

Please write your answers for each parent / caregiver below, or "I don't know" or "I prefer not to say"

29.Do you have caring responsibilities? If yes, please specify what these are.

Please write your answer below, or "I prefer not to say"



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