**Expression of Interest Form**

**Disability Subgroup**

If you wish to become a member of one of the EDI sub – groups, please fill in this form and return to: [edi@ucd.ie](mailto:edi@ucd.ie). please indicate the name of the Disability Subgroup in a subject of email,.

*You are advised to read the Terms of Reference (https://www.ucd.ie/equality/groups/) for information on the role of the Group.* *Please ensure that you discuss participation on this group with your manager in advance due to the time commitment involved.*

**Name of the sub-group: Disability Subgroup**

**NAME:**

**E-MAIL ADDRESS:**

**I am interested in joining the Disability Subgroup as a:**

**- co-chair [ ]**

**- member [ ]**

**- I am interested in joining as either co-chair or a member [ ]**

**PERSONAL STATEMENT**

Please use the space below to complete your personal statement indicating the following:

* Why you are interested in joining the Sub-Group/s?
* How would your experience and/or expertise contribute to its work?
* Are there any aspects of the group that are of particular interest to you?

**No more than 500 words *(please expand the box below as required)***

|  |
| --- |
|  |

**The University is seeking to ensure that there is diverse membership on the Sub-Group in particular across ethnicity, gender, employee category and discipline. It is essential that this group consists of individuals who will bring different perspectives as well as lived experiences, skills and expertise to guarantee that the work of the group aligns with the objectives as set out in the terms of reference. For this reason, you are invited to complete the following questions:**

**School/Unit/Research Centre:**

**Present position/grade:**

**Gender (please mark X):**

|  |  |
| --- | --- |
| Female | **( )** |
| Male | **( )** |
| Non-Binary | **( )** |
| Transgender | **( )** |
| Self-Declare | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Prefer not to say | **( )** |

**Ethnicity**

|  |  |
| --- | --- |
| Asian or Asian Irish: Chinese | **( )** |
| Asian or Asian Irish: Indian/Pakistani/Bangladeshi | **( )** |
| Asian or Asian Irish: Any other Asian background | **( )** |
| Black or Black Irish: African | **( )** |
| Black or Black Irish: Any other Black background | **( )** |
| Other including mixed group/background: Arabic | **( )** |
| Other including mixed group/background: Mixed Background | **( )** |
| Other including mixed group/background: Other | **( )** |
| White: Irish | **( )** |
| White: Irish Traveller | **( )** |
| White: Roma | **( )** |
| White: Any other White background | **( )** |
| Not listed | **( )** |
| Prefer not to say | **( )** |

*I have read the Terms of Reference of the Disability Subgroup and I have discussed joining this group with my Manager/Head of School/Unit.*

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Name of Applicant)***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**