Staff circumstances disclosure form for REF 2021

**Name:** Click here to insert text.

**Department:** Click here to insert text.

Do you have a REF-eligible output published between 1 January 2014 and 31 July 2020?

Yes [ ]

No [ ]

Please complete this form if you have one or more applicable equality-related circumstance (see above) which you are willing to declare. Please provide requested information in relevant box(es).

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| --- | --- |
| **Circumstance** | **Time period affected** |
| **Early Career Researcher (started career as an independent researcher on or after 1 August 2016).***Date you became an early career researcher.* | Click here to enter a date. |
| **Junior clinical academic who has not gained Certificate of completion of Training by 31 July 2020.** | Tick here [ ]   |
| **Career break or secondment outside of the HE sector.***Dates and durations in months.* | Click here to enter dates and durations. |
| **Part-time working***Dates and durations in months. Part-time hours as decimal or percentage of FTE.*  | Click here to enter part-time working hours, dates and durations. |
| **Family-related leave;*** statutory maternity leave
* statutory adoption leave
* Additional paternity or adoption leave or shared parental leave lasting for four months or more.

*For each period of leave, state the nature of the leave taken and the dates and durations in months.* | Click here to enter dates and durations. |
|  |
| **Disability (including chronic conditions)***To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Mental health condition***To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text.  |
| **Physical ill health or injury***To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text.  |
| **Constraints relating to family leave that fall outside of standard allowance***To include: Type of leave taken and brief description of additional constraints, periods of absence from work, and periods at work when unable to research productively. Total duration in months.*  | Click here to enter text.  |
| **Caring responsibilities***To include: Nature of responsibility, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text.  |
| **Gender reassignment***To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text.  |
| **Any other exceptional reasons e.g. bereavement.***To include: brief explanation of reason, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text.  |
| **Any other exceptional reasons e.g. COVID-19.** *To include: brief explanation of effects due to applicable circumstances (such as ill health, caring responsibilities); other personal circumstances related to COVID-19 (such as furloughed staff, health-related or clinical staff diverted to frontline services, staff resource diverted to other priority areas within the HEI in response to COVID-19); and/or external factors related to COVID-19 (for example, restricted access to research facilities).*  | Click here to enter text.  |

Please confirm, by ticking the box provided, that:

* The above information provided is a true and accurate description of my circumstances as of the date below
* I realise that the above information will be used for REF purposes only and will be seen by the Diversity and Inclusion Adviser, HR (who is independent of the REF Steering Executive) and a subgroup of the REF Steering Executive. Information submitted will be treated as confidential. I realise it may be necessary to share the information with the REF team, the REF Equality and Diversity Advisory Panel, and main panel chairs.

I agree [ ]

**Name:** Print name here

**Signed:** Sign or initial here

**Date:** Insert date here

[ ]  I give my permission for the Diversity and Inclusion Adviser, HR to contact me to discuss my circumstances, and my requirements in relation this these.

[ ]  I give my permission for the details of this form to be passed on to the relevant contact within my Institute.

The aim of sharing this information is to ensure that appropriate support can be put in place for you, if you do not want this information to be shared we may be unable to arrange this support.

I would like to be contacted by:

Email [ ]  Insert email address

Phone [ ]  Insert contact telephone number

Completed forms should be submitted to Liz Grand, Diversity and Inclusion Adviser, HR at lgrand@sgul.ac.uk.