**Declaration of Individual Staff Circumstances form**

Please complete and return this form to: **Adam Cresswell, REF Manager, Room 28 South Wing, Wilkins Building, Gower Street**. If you wish you may return the form by email to a.cresswell@ucl.ac.uk

**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 as summarised below, (full details provided in the attached document) which you are willing to declare. Please provide requested information in relevant box(es).

**Applicable circumstances**

* Qualifying as an ECR (started career as an independent researcher on or after 1 August 2016)
* Absence from work due to secondments or career breaks outside the HE sector
* Qualifying periods of family-related leave
* Junior clinical academics who have not gained a Certificate of Completion of training by 31 July 2020
* Disability (including chronic conditions)
* Ill heath, injury or mental health conditions
* Constraints relating to family leave that fall outside of the standard allowances
* Caring responsibilities
* Gender reassignment

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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. Please attach your CV or information about your career history* | Please enter the date you became an ECR: |
| **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.* | Please enter 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* | Please 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.* | Please add information here: |
| **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.* | Please add information here: |
| **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* | Please add information here: |
| **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* | Please add information here: |
| **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.* | Please add information here: |
| **Gender reassignment**  *To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months* | Please add information here: |
| **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.* | Please add information here: |

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 UCL’s REF Manager and the Staff Circumstances and Appeals Panel (SCAP)
* I realise it may be necessary to share the information with Research England’s REF team, 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

Please note that the information you have provided in this form is for REF purposes only and will **not** be passed to any other UCL department unless you indicate that you would like to be contacted by checking the boxes below.

I would like an HR partner to contact me to discuss my circumstances, and my requirements in relation this these.

I would like the details of this form to be passed on to the relevant contact within my department/faculty/centre. (Please note, if you do not give permission your department may be unable to adjust expectations and put in place appropriate support for you).

I would like to be contacted by:

Email  Insert email address

Phone  Insert contact telephone number