

Declaration of Individual Staff Circumstances Form

To submit this form you should forward this request to Reduction.requests@solent.ac.uk.

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 health, injury or mental health conditions
- Constraints relating to family leave that fall outside of the standard allowances
- Caring responsibilities
- Gender reassignment

Name:

Department:

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).

Circumstance	Time period affected
<p>Early Career Researcher (started career as an independent researcher on or after 1 August 2016).</p> <p><i>Date you became an early career researcher.</i></p>	<p>Click here to enter a date.</p>
<p>Junior clinical academic who has not gained Certificate of completion of Training by 31 July 2020.</p>	
<p>Career break or secondment outside of the HE sector.</p> <p><i>Dates and durations in months.</i></p>	<p>Click here to enter dates and durations.</p>
<p>Family-related leave;</p> <ul style="list-style-type: none"> • statutory maternity leave • statutory adoption leave • Additional paternity or adoption leave or shared parental leave lasting for four months or more. <p><i>For each period of leave, state the nature of the leave taken and the dates and durations in months.</i></p>	<p>Click here to enter dates and durations.</p>

<p>Disability (including chronic conditions)</p> <p><i>To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	
<p>Mental health condition</p> <p><i>To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	
<p>Ill health or injury</p> <p><i>To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	
<p>Constraints relating to family leave that fall outside of standard allowance</p> <p><i>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.</i></p>	
<p>Caring responsibilities</p> <p><i>To include: Nature of responsibility, periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	
<p>Gender reassignment</p> <p><i>To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	
<p>Any other exceptional reasons e.g. bereavement.</p> <p><i>To include: brief explanation of reason, periods of absence from work, and periods at work when unable to research productively. Total duration in months.</i></p>	

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 Director of Research, Innovation and Enterprise, and a Senior member of P&D.
- 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:

Signed:

Date:

I give my permission for P&D 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 school. (Please note, if you do not give permission your school 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