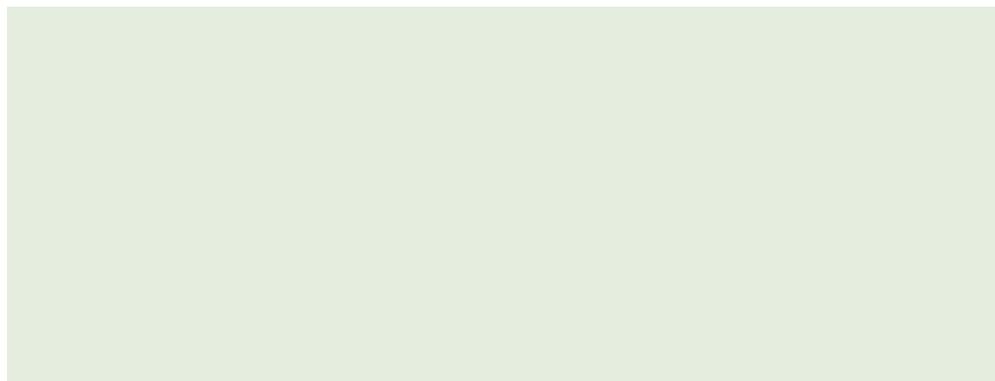
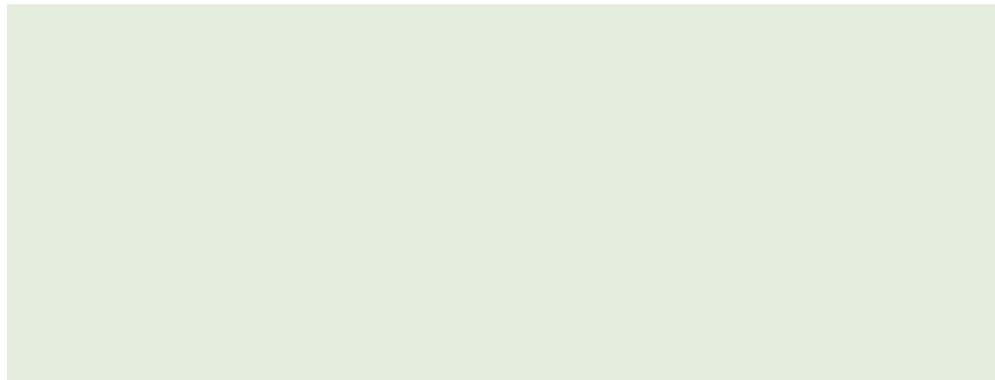


Templates: Notifying your college or university



Equality Challenge Unit

Editable templates of these forms are available:
www.ecu.ac.uk/publications/trans-staff-and-students-in-he-and-colleges-improving-experiences

Notification of change of gender, name, title and pronouns

This form is for trans applicants/students/staff/alumni who intend to change their name, gender, title and pronouns and want to inform **[institution name]** so that their records can be updated.

Our commitment to trans equality

[Insert brief statement on commitment to equality for trans people, including non binary people and those who have already transitioned]

Further information and support

[Insert details of relevant contact/s and information on their role]

Current details on record

Name on student/staff record:

Student/staff identifier:

<input type="text"/>	<input type="text"/>
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Known as/nickname:

Date of birth:

<input type="text"/>	<input type="text"/>
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Email:

Contact number:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Dear **[insert name of appropriate contact]**,

I understand that you are the named contact for trans **[insert as appropriate applicants/students/staff/alumni]** and that information that I share with you will be used to ensure that I can go about my day to day life in my self-identified or legally recognised gender with ease.

I also understand that if appropriate, the information shared will be used to ensure appropriate support for me as an applicant to/ student of /staff member of **[institution name]**.

Please tick:

I understand that the information I share with you will only be passed on with my consent.

For college/HEI purposes my **personal details** (please select one of the following):

- are reflective of my preferred names, gender, pronouns and title (delete as appropriate). If you are using nicknames or known as names you will need to have formally changed your name for a degree certificate to be issued in a name that is different to the one in which you registered.
- are not reflective of my preferred names, gender, pronouns and title (delete as appropriate). I would like to meet with you to discuss changing my records. Please complete the information below if you would like a different name/s to be used during the meeting.
- are not reflective of my preferred names, gender, pronouns and title (delete as appropriate). I would like my records to be changed as per the information provided below as soon as possible. I understand that you will contact me to ensure I am aware of the implications of the change and to agree a date from which the change will occur.

Changes to be made to records

Title:	Pronouns:
<input type="text"/>	<input type="text"/>
Forename(s):	Surname (if applicable):
<input type="text"/>	<input type="text"/>
Gender:	Email (if applicable):
<input type="text"/>	<input type="text"/>
Signed:	Print name:
<input type="text"/>	<input type="text"/>
Date:	
<input type="text"/>	

Notification of intent to transition or of having previously transitioned

It is optional for applicants/students/staff/alumni to complete this form.

This form is for trans applicants/students/staff/alumni who intend to transition or have previously transitioned and would like to ensure that **[institution name]** is aware so that appropriate support can be provided.

If applicants/students/staff/alumni do not wish to complete this form they can instead contact **[insert information]**.

Our commitment to trans equality

[Insert brief statement on commitment to equality for trans people, including non binary people and those who have already transitioned]

Further information and support

[Insert details of relevant contact/s and information on their role]

Dear **[insert named contact]**,

I am writing to notify **[institution name]** that (please tick as appropriate):

- I have already transitioned to my self-defined or legally recognised gender
- I intend to transition to my self-defined gender

I understand that the information that I share with you will be used to ensure that I can go about my day to day life in my self-identified or legally recognised gender with ease.

I also understand that if appropriate, the information shared will be used to ensure appropriate support for me as an applicant to/student of/staff member of **[institution name]**.

Please tick:

- I understand that the information I share with you will only be passed on with my consent.
- I understand that you will contact me within **[insert short timeframe]** to organise a meeting within **[insert short timeframe]** that will provide an opportunity for me to give an overview of my circumstances, discuss the changes that can be made, the support available and any timescales.

Name:

Student/staff identifier:

--	--

Known as/nickname:

Pronouns:

--	--

Email:

Contact number:

--	--

Signed:

Print name:

--	--

Date:

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