

EQUAL OPPORTUNITIES MONITORING FORM

The Equal Opportunities Policy of Tapestry states that the purpose of the policy is to provide equality and fairness for all our employees and not discriminate on grounds of age, gender, marital/civil partnership status, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, gender reassignment, religion and belief, HIV status, unrelated criminal convictions or membership (or non-membership) of a trade union. We oppose all forms of unlawful and unfair discrimination.

In order that we can measure the impact of this policy, and continue to develop relevant personnel policies, could you please tick the appropriate boxes? The information on this page will be used for monitoring purposes only and will not be taken into account in shortlisting or interviewing.

Name (optional):

Position Applied For:

Age last Birthday:

Gender

To which of these gender groups do you consider you belong? Please tick one box:

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

Ethnic Groups

To which of these groups do you consider you belong? Please tick one box:

- | | |
|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> White Gypsy/ Irish Traveller | <input type="checkbox"/> Other White background |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Mixed white/black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Mixed white/Asian |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Mixed white/black African |
| <input type="checkbox"/> Any other Black | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Prefer not to say |

Disability Status

Under the Equality Act 2010, a person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled as defined by the Equality Act 2010?

- ☐ With a Disability
 - ☐ Without a Disability
 - ☐ Prefer not to say
-

Sexual Orientation

To which of these groups do you consider you belong? Please tick one box:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/straight |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Prefer not to say |
-

Religion or Belief

To which of these groups do you consider you belong? Please tick one box

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Jainism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Humanism | <input type="checkbox"/> No religion or belief |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Other religion, |
| | <input type="checkbox"/> Prefer not to say |