

# Voluntary Self-Identification Form

This form is designed to collect demographic information as part of our clear commitment to equity, diversity and inclusion. The collection of demographic information is one of the priorities outlined in the Action Plan to Support Equity, Anti-Racism, and Anti-Oppression. This data will help in accountability, measurement and tracking. Your response is voluntary, and you may skip any question you do not wish to answer. The storage and use of this data will not be tied to identifying information.

**1.** Race is a social construct, and not always a reflection of personal identity (as distinct from ethnic or cultural identity). However, in our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “Southeast Asian”, etc. Which race category best describes you? Select all that apply.

- Black (e.g., African, Afro-Caribbean, African-Canadian descent)
  - East Asian (e.g., Chinese, Japanese, Korean descent)
  - Indigenous (e.g., First Nations, Inuit, Métis descent)
  - Latinx (e.g., Argentinean, Chilean, Costa Rican descent)
  - Middle Eastern (e.g., Afghan, Iranian, Syrian descent)
  - South Asian (e.g., Indian, Indo-Caribbean, Tamil descent)
  - Southeast Asian (e.g., Indonesian, Thai, Vietnamese descent)
  - White (European descent)
  - An identity not listed, please specify:
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Prefer not to answer

**2.** What language(s) do you use in your day-to-day life? Select all that apply.

- American Sign Language
  - English
  - French
  - Another language not listed, please specify:
- 

Prefer not to answer

**3.** Which of the following best describes your gender identity? Select all that apply.

- Agender
  - Genderfluid/Genderqueer
  - Man
  - Non-binary
  - Transgender
  - Two-spirit
  - Woman
  - An identity not listed, please specify:
- 

Prefer not to answer

**4.** Do you identify as 2SLGBTQI+?

- No
- Yes
- Prefer not to answer

**5.** Do you identify as a person living with a disability or as requiring accommodations in the workplace due to a functional limitation? Select all that apply.

- No
- Yes, evident/visible
- Yes, non-evident/invisible
- Prefer not to answer

**6.** Are you the primary caregiver of dependents under the age of 18 or adult dependents?

- No
- Yes
- I do not have dependents
- Prefer not to answer