



### 1) Gender Identity:

Select the option that best describes your current gender identity:

- Gender Fluid
- Man
- Non-binary
- Trans man
- Trans woman
- Two-spirit
- Woman
- I don't identify with any option above [option to specify?]
- I prefer not to answer

### 2) Sexual Orientation:

Select the sexual orientation that best describes how you currently think of yourself.\*

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Two-spirit
- I don't identify with any option provided [option to specify?]
- I prefer not to answer

### 3) Indigenous Identity:

Do you identify as Indigenous; that is First Nation (North American Indian), Métis, or Inuit?

- Yes
- No
- I prefer not to answer

If "Yes", select the group(s) that you identify with.

- First Nation
- Inuit
- Métis
- I prefer not to answer

#### 4) Visible Minorities

*Note: Visible minority refers to whether a person belongs to a visible minority group as defined by the Employment Equity Act and, if so, the visible minority group to which the person belongs. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.”*

Do you identify as a member of a visible minority in Canada?

- Yes
- No
- I prefer not to answer

#### 5) Population Group

Please select the population group that you identify with.

- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (including Vietnamese, Cambodian, Laotian, Thai, etc.)
- West Asian (e.g., Iranian, Afghan, etc.)
- White
- Population group not listed above. I identify as (option to specify)

#### 6) Persons with Disabilities:

*Note: The Accessible Canada Act defines disability as “any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders person’s full and equal participation in society.”*

Do you identify as a person with a disability\* as described in the Act?

- Yes
- No
- I prefer not to answer

*\*Some examples of disabilities are noted below. Please note that these examples follow medical definitions of disability and are consistent with those examples found in the University's Employment Equity Survey.*

- *Acquired brain injury*
- *ADHD*
- *Autism spectrum disorder*
- *Chronic health disability (e.g., Crohn's disease, hemophilia, epilepsy, asthma, diabetes, HIV/AIDS, cancer, etc.)*
- *Co-ordination/dexterity disability (e.g., arthritis, cerebral palsy, cystic fibrosis, multiple sclerosis)*
- *Deaf, deafened, hard of hearing*
- *Learning disability*
- *Mental health disability (e.g., schizophrenia, chronic depression, anxiety disorder, bipolar disorder, etc.)*
- *Mobility disability (e.g., amputations, paraplegia, reliance on walker/ scooter/ or mobility aid due to disability)*
- *Speech impairment (e.g., aphasia, stuttering, cluttering, etc.)*
- *Vision loss or impairment/legally blind (not correctable by glasses or contact lenses)*

If "Yes", select the type(s) of disability that applies to you.

- Communications
- Developmental
- Dexterity
- Flexibility
- Hearing
- Learning
- Memory
- Mental health related
- Mobility
- Pain-related
- Seeing
- Disability not listed above. (option to specify):
- Prefer not to answer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.