



SELF-IDENTIFICATION FORM

GOVERNOR IN COUNCIL APPOINTMENTS

- This form is designed to collect information on the diversity of Governor in Council appointees.
- Please note that a person may belong to more than one designated diversity group.
- The information provided will be retained by the Senior Personnel Secretariat of the Privy Council Office for statistical purposes to help the Government of Canada develop and maintain diversity information on Governor in Council appointees and its confidentiality is protected under the *Privacy Act*. You have the right to review as well as to correct information about yourself and can be assured that it will not be used for unauthorized purposes.
- For further information on the collection of personal information, please refer to the Standard Personal Information Bank for Governor in Council Appointments (PSU 918) available at infosource.gc.ca. To access your information or request a correction, please contact the Access to Information and Privacy Coordinator, Mr. David Neilson, at (613) 957-5228.

PART A

PART A	
Family Name	Given Name and Initials

PART B

PART B	
Would you like to complete the self-identification regarding diversity form?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART C

Gender

Gender may be different from sex assigned at birth, or may be different from what is on legal documents.

Female Male Or please specify :

PART D

Indigenous peoples

An Indigenous person is a North American Indian or a member of a First Nation, a Métis or an Inuit. North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.

Do you wish to self-identify as an Indigenous person?

Yes No

If you wish to provide further details, please indicate which Indigenous group you belong to:

- Inuit
- Metis
- North American Indian / First Nation
- Other Indigenous people

PART E

Visible minorities

A member of a visible minority group in Canada is someone (other than an Indigenous person as defined in D above) who is non-white in colour/race, regardless of place of birth.

Do you wish to self-identify as a member of a visible minority?

Yes No

If you wish to provide further details, please indicate which visible minority group you belong to:

Black

Chinese

Filipino

Japanese

Korean

Non-White Latin American (including Indigenous people from central and South America)

Non-White West Asian/North African/Arab (including Egyptian, Libyan, Lebanese, Iranian etc.)

Southeast Asian ((including Burmese, Cambodian, Laotian, Thai, Vietnamese, etc.)

South Asian/East Indian (including Indians from India, Pakistan, Bangladesh, East Indians from Guyana, Trinidad, East Africa, etc.)

Persons of mixed origin (with one parent in one of the visible minority groups listed above)

Other visible minority group

PART F

Ethnic/Cultural Group

A member of an **ethnic or cultural group** is a person who identifies with a category of people based on similarities such as common ancestry, language, history, society, culture or nation.

Do you wish to self-identify as a member of an ethnic/cultural group?

Yes No

If you have chosen to self-identify as a member of an ethnic/cultural group, you must provide a description:

PART G

LGBTQ2

LGBTQ2 includes but is not limited to lesbian, gay, bisexual, transgender, queer, and two-spirit individuals.

Do you wish to self-identify as part of the LGBTQ2 community?

Yes No

PART H

Persons with disabilities

A person with a disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and

i) considers themselves to be disadvantaged in employment by reason of that impairment; or

ii) believes that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment;

and includes persons whose functional limitations owing to the impairment have been accommodated in their current job or workplace.

Do you wish to self-identify as a person with a disability?

Yes No

If you wish to provide further details regarding your disability, please indicate which disability applies to you:

Coordination or dexterity-related

Developmental disability

Flexibility-related

Hearing-related

Learning-related

Memory-related

Mental Health-related

Mobility-related

Pain-related

Seeing-related

Other disability – Please specify

Signature: _____ Date (dd/mm/yy): _____