

# University of Ottawa Self-Identification Form

As part of our Equity, Diversity and Inclusion Goals including uOttawa's Employment Equity Program, the University is collecting information about its entire community membership in relation to certain designated groups (**Indigenous (Aboriginal) persons, Racialized persons, persons with disabilities, women, and members of the LGBTQIA2S+ community**). The collection and analysis of this information will help create an accurate picture of our community in order to support the progression of the University's EDI and employment equity goals.

## Notice of collection of personal information

Personal information contained on this form is collected under the authority of the *1965 University of Ottawa Act* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of and those consistent with operating the University's equity, diversity and inclusion program, ensuring compliance with the Federal Contractors Program and institutional planning and statistics. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact Noël A.J. Badiou, Director, Human Rights Office at (613) 562-5200 ext.5163 or [nbadiou@uottawa.ca](mailto:nbadiou@uottawa.ca).

We would also like to assure our community members that our learning and workplace environment is a safe environment in which to self-identify. The data collected will remain confidential and only be used for EDI statistical analysis and employment equity purposes. **None of the information provided on this form will form part or be added to your Human Resources personnel file and/or student record without your explicit consent.** We encourage you to review, update and correct information about yourself at any time. Confidentiality of information is assured at all times and self-identification information will be reported in a form (e.g., aggregate) to ensure the protection of the identity of any individual.

**Please note that your response to the self-identification questionnaire is voluntary. The questionnaire must however, be acknowledged even if you choose not to fill out any additional information.**

We thank you for your participation in this important University-wide initiative.

**There are 7 questions which will take approximately 5 minutes to answer**

**Do you wish to complete the questionnaire?**

- Yes
- No

**1. Do you identify as Indigenous (Aboriginal); that is First Nations (North American), Métis, or Inuit or International (non-Canadian) Indigenous?**

- Yes
- No
- Prefer not to answer

**If you answered “yes”, we would invite you to provide further details about your self-identification (e.g. First Nation, Métis, Inuit)**

- First Nations with status
- First Nations, non-status
- Métis
- Inuit
- International (non-Canadian)
- Indigenous
- Prefer not to answer

**2. Do you identify as a racialized person (member of a visible minority in Canada)?**

*A Racialized person (member of a visible minority) is a person other than Indigenous (Aboriginal) persons defined above, who are non-white in colour or race, regardless of place of birth or citizenship.*

- Yes
- No
- Prefer not to answer

**If you answered “yes”, we would invite you to provide further details about your self-identification :**

- Black
- Non-white Latin American (including indigenous persons from Central and South America)
- East Asia (e.g. Chinese, Japanese, Korean)
- South Asian/East Indian (e.g. Indian, Pakistani, Bangladeshi, East Indians from Guyana, Trinidad, East Africa)
- Southeast Asian (e.g. Burmese, Cambodian, Filipino, Laotian, Thai, Vietnamese)
- Non-white West Asian, North African or Arab (e.g. Iranian, Lebanese, Egyptian, Libyan)
- Persons of Mixed Origin (e.g. with one racialized parent).
- Another racialized group (please specify): \_\_\_\_\_
- Prefer not to answer

### 3. Do you identify as a person with a disability?

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

- *Who considers themselves to be disadvantaged in employment by reason of that impairment, or*
- *Who 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 their impairment may have been accommodated in their current job or workplace.*

- Yes
- No
- Prefer not to answer

**If you answered “yes”, we would invite you to provide further details about your self-identification (e.g. Physical, functional and/or mobility disability, Blind and/or low vision, Deaf or hard of hearing, Speech disability, Chronic medical condition, Learning disability, Mental/emotional health)**

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

- *Who considers themselves to be disadvantaged in employment by reason of that impairment, or*
- *Who 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 their impairment may have been accommodated in their current job or workplace.*

- Co-ordination or dexterity impairment: difficulty using hands or arms, such as grasping objects or using a keyboard
- Mobility impairment: difficulty moving around from one office to another, walking long distances or using stairs
- Blind or visual impairment: unable to see or difficulty seeing, glaucoma (do not include yourself if you can see well with glasses or contact lenses)
- Speech impairment: unable to speak or difficulty speaking and being understood
- Deaf or hearing impairment: unable to hear or difficulty hearing
- Long-term illness: for example Crohn’s disease, arthritis
- Mental Health : for example bipolar, chronic depression, severe anxiety
- Other disabilities: learning, developmental and other types of disabilities.
- Prefer not to answer

**4. What is your gender identity? By gender, we mean your self-identified gender, which may differ from the sex assigned at birth or from the one entered in legal documents.**

- Man
- Woman
- Two Spirit
- Intersex
- Trans man
- Trans woman
- Trans
- Nonbinary
- Genderfluid
- Agender
- Other, please specify \_\_\_\_\_
- Prefer not to answer

**5. Are you a member of the LGBTQIA2S+ community?**

- Yes
- No
- Prefer not to answer

**If you answered “yes”, we would invite you to provide further details about your self-identification :**

- Lesbian
- Gay
- Bisexual
- Trans
- Queer
- Intersex
- Asexual
- Two-Spirit
- Gender fluid
- Non-binary
- Not mentioned above (please specify): \_\_\_\_\_
- Prefer not to answer

**6. Do you identify as:**

- Francophone
- Anglophone
- Other: \_\_\_\_\_
- Prefer not to answer

**7. Do you consider yourself functionally bilingual?**

*(Official languages French and English)*

- Yes
- No
- Prefer not to answer

*Thank you for taking the time to complete this form.*