



## SELF-IDENTIFICATION FORM

### Why make a voluntary declaration?

Université Laval promotes equity and is committed to ensuring an inclusive, discrimination-free workplace. Proud of this openness to the diversity of people, knowledge and ways of thinking, the University has defined measures and actions to ensure that no one is put at a disadvantage in employment for reasons outside its jurisdiction. For the University, diversity is an essential component of research excellence, as it strengthens the scientific environment and the quality, impact and social relevance of research work.

To identify needs and achieve its institutional objectives of equitable representation, while meeting the requirements of the federal and provincial governments with regard to groups designated by equal employment opportunity programs, namely women, Indigenous peoples, people with disabilities, members of visible minorities and members of the 2SLGBTQ+ communities, the University must have an accurate portrait of its entire staff and of the people who apply for jobs.

To create the most accurate picture possible, we invite you to fill in this form. By filling it in, you are helping to strengthen our culture of inclusion.

### Privacy Notice Statement

Self-identification information is collected on a voluntary basis and is collected under the authority of the federal [Employment Equity Act](#) and the provincial [Equal Employment Opportunity Act](#). The collection, use, disclosure, retention and disposal of your personal information are carried out in accordance with the [Access to Information Act](#) and the [Privacy Act](#). Your information will be used solely for the purposes of administering the Acts. It will remain confidential and will be known only to those mandated for equal access to employment programs. This information will be used to define actions and measures relating to equity, diversity and inclusion and, in aggregate form, in reports to governments.

If you have any concerns or questions about this form, please write to [EQUITE-DIVERSITE-INCLUSION@vrrh.ulaval.ca](mailto:EQUITE-DIVERSITE-INCLUSION@vrrh.ulaval.ca)

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**SURNAME :**

**NAME :**

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**1. Gender** - Check the option that best corresponds to your current gender identity.

- ☐ Gender fluid
- ☐ Man
- ☐ Nonbinary
- ☐ Trans man
- ☐ Trans woman
- ☐ Two-Spirit
- ☐ Woman
- ☐ I don't identify with any option provided
- ☐ 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
- ☐ I prefer not to answer

### 3. Indigenous identity

3a. Do you identify as Indigenous, that is, First Nations, Métis or Inuk (Inuit)?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

3b. If "Yes", select the group(s) that you identify with.

- ☐ First Nations
- ☐ Inuit
- ☐ Métis
- ☐ I prefer not to answer

### 4. Visible minority

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

Select the population group(s) you identify with.

Note: if you answered “Yes” to question 3a (i.e., you are an Indigenous person), select “Population group not listed above” for this question. You can also select from the list any other population group that applies to you.

- ☐ 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 prefer not to answer

## 6. Disability

6a. 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 a 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

6b. 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
- ☐ I prefer not to answer

## 7. Language

7a. What language(s) did you first learn at home in childhood and still understand? (Select all that apply.)

- ☐ French
- ☐ English
- ☐ Another language
- ☐ I prefer not to answer

7b. What language(s) do you speak most often at home? (Select all that apply).

- ☐ French
- ☐ English
- ☐ Another language
- ☐ I prefer not to answer