

CANADA RESEARCH CHAIRS SELECTION SELF-IDENTIFICATION FORM

Completion and return of this self-identification form is mandatory as part of the application package for all selection processes of Canada Research Chairs (CRCs) at Sunnybrook Research Institute (SRI). However, you have the option to submit a null response to any or all of the questions.

The information collected will remain confidential. Aggregated data will be used solely to assess the diversity of the applicant pool as part of the [CRC Program Equity, Diversity and Inclusion Action Plan](#). For further information about the CRC Equity, Diversity and Inclusion at SRI visit our [website](#). More information about the collection, use and safeguard of equity data can be found [here](#).

We strongly encourage you to self-identify by checking the appropriate box(es) below that may apply to you.

NAME: _____

Gender Woman Man Other I choose not to answer

LGBTQ2+ Yes No Other I choose not to answer

If other, please specify: _____

¹**Member of a visible minority in Canada** Yes No I choose not to answer

White (Caucasian) Yes No I choose not to answer

²**Indigenous person** Yes No I choose not to answer

³**Person with a disability** Yes No I choose not to answer

Note: The [Federal Equity Act](#) contains the following definitions:

1. *Members of a Visible Minority in Canada:* persons, other than Indigenous peoples, who identify as non-Caucasian in race or non-white in colour. Please note this is not based on nationality, citizenship, religion, or ethnicity. You may identify yourself with a visible minority group whether or not you were born in Canada or are a Canadian citizen.
2. *Indigenous Person:* persons who are Indians, Inuit or Métis
3. *Persons with a disability:* has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and a) consider themselves to be disadvantaged in employment by reason of that impairment, or, b) believe 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 have been accommodated in their current job or workplace.

Signature: _____ **Date:** _____

Forward completed form to the business development and analytics office of SRI at CRC@sri.utoronto.ca