

## **Self-Identification**

BHCRI encourages completion of the voluntary self-identification form to help determine whether our programs are reaching a broad range of applicants in an effort to create an inclusive environment and sense of belonging with a diverse community of contributors. All BHCRI award applicants are invited to complete this form. The self-identification information will only be used for statistical reporting on the representation of equity groups within the Beatrice Hunter Cancer Research Institute and will not be used for any aspect of the peer-review process.

Self-identification information is confidential and kept on file in the BHCRI office for the minimum prescribed time for audit purposes (i.e. five years from the last administrative action). Please note that providing self-identification information is optional.

### **Select an option below if you identify as:**

- Person of African, Asian, Middle Eastern, Latin American or mixed heritage that includes at least one of these groups.
- Prefer not to disclose

### **Optional: If you wish to provide further details, please select the box(es) that best describes your origin.**

- Black
- Chinese
- Filipino
- Japanese
- Korean
- Non-White Latin American (including: indigenous persons from Central and South America, etc.)
- Non-White West Asian, North African or Arab (including: Egyptian; Libyan; Lebanese; Iranian; etc.)
- Other Visible Minority Groups
- Person of Mixed Origin (with one parent in one of the visible minority groups)
- South Asian/East Indian (including: Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.)
- Southeast Asian (including: Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.)

If you are a member of a Visible Minority group not listed above, please specify (optional):

Prefer not to disclose

**Select an option below if you identify as:**

First Nations

Inuit

Metis

Prefer not to disclose

**Please indicate if you identify as a person who:**

Has a disability (includes blind, visually impaired, physically impaired, mobility issues, learning disability, intellectual impairment, living with mental or chronic illness)

No

Yes

Prefer not to disclose

**Optional: If you wish to provide further details, please select the boxes that apply to you.**

Blind or Visual impairment (unable to see or difficulty seeing)

Co-ordination or dexterity (difficulty using hands or arms, for example, grasping or handling a stapler or using a keyboard)

Deaf or hard of hearing (unable to hear or difficulty hearing)

Mobility (difficulty moving around, for example, from one office to another or up and down stairs)

Speech impairment (unable to speak or difficulty speaking and being understood)

Other Disability (including: learning disabilities, developmental disabilities and all other types of disabilities)

If you have other disabilities not listed above, please specify (optional):

Prefer not to disclose

**Languages:**

Check one or more of the boxes below indicating the language(s) you first learned and still understand:

- English
- French
- Cree
- Inuktitut
- Ojibwe
- Mi'kmaq
- Other Aboriginal language (please specify):
- Arabic
- Mandarin
- Cantonese
- Punjabi
- Hindi
- Spanish
- Other Languages (please specify):
- ASL (American Sign Language)
- LSQ (Langue des Signes Québécois)
- Other sign languages (please specify):
- Prefer not to disclose

**Citizenship and Immigration Status:**

- Canadian Citizen
- Permanent Resident
- Check this box if you are a Newcomer (i.e. less than 5 years in Canada) or immigrant to Canada

- None of the above
- Prefer not to disclose

**Gender:**

This information is used to inform our understanding of gender and gender parity in our applicant base.

- Female
- Male
- Transgender
- Two-spirited
- Non-binary
- Other (please specify):
- Prefer not to disclose

Having read and understood the above-mentioned collection purposes explanation, I hereby authorize the BHCRI to collect the information I submit and share with BHCRI office personnel for the purposes selected below:

- Statistics related to Program and Award Representation

- I consent to the data being used in aggregate form
- I prefer not to allow the data to be used

Upon completion, please return to BHCRI via email: [admin@bhcri.ca](mailto:admin@bhcri.ca)

*BHCRI is committed to respecting the personal privacy of individuals. BHCRI will never reveal your personal information to any third party without your prior knowledge and consent, unless BHCRI is required to do so by law.*

*Content modified from Public Service of Canada and Canada Council for the Arts forms.*