

# University of Toronto Canada Research Chairs Program - Self-Identification Survey

## Notice of Collection

The purpose of this survey is to collect information so that the University can monitor progress toward meeting its equity targets for the Canada Research Chairs Program.

The collection, use, disclosure, retention, and disposal of your personal information are conducted in accordance with the Freedom of Information and Protection of Privacy Act. Your information will be managed in accordance with University's guideline for the protection of personal and other confidential information.

The data collected via this form will be held confidentially in a secure file in the Division of the Vice-President, Research and Innovation. Only aggregate information (with cell counts below five suppressed) will be publicly reported.

The questions in this form are based on the questions that appear in the current self-identification survey used by the Canada Research Chairs Program and the Tri-Agencies (questions 2-7). This form uses wording found in the federal Employment Equity Act and the Accessible Canada Act.

Access to the data collected via this survey is restricted, on a need-to-know basis, to a small number of designated staff members who provide oversight of the Canada Research Chairs Program at the University.

If you have any questions, please contact Andrea Gill, Research Equity and Development Strategist, amk.gill@utoronto.ca.

Please provide your University of Toronto email address.

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This information is collected only to ensure that all chairholders complete their updated self-identification survey.

## Gender Identity

Select the option that best describes your current gender identity.

- Gender-fluid
- Man
- Nonbinary
- Trans man
- Trans woman
- Two-spirit
- Woman
- I don't identify with any option provided (please specify)
- I prefer not to answer

I identify as

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## 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 (please specify)
- I prefer not to answer

I identify as \_\_\_\_\_

### Indigenous Identity

Do you identify as Indigenous, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)?

- Yes
- No
- I prefer not to answer

If "Yes," select the group that you identify with.

- First Nation
- Inuit
- Métis
- I prefer not to answer

### Ethnoracial Identity

Do you identify as a member of a visible minority in Canada?

- Yes
- No
- I prefer not to answer

The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

Select the population group(s) you identify with.

Note: if you answered "Yes" to question regarding Indigenous identity (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., 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 (please specify)
- I prefer not to answer

I identify as \_\_\_\_\_

**Disability**

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."

- Yes
- No
- I prefer not to answer

Do you identify as a person with a disability as described in the Accessible Canada Act?

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 (please specify)
- I prefer not to answer

Please specify the type of disability you experience.

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