

CONFIDENTIAL

SELF-IDENTIFICATION FORM

Sunnybrook Research Institute (SRI) is strongly committed to inclusion and diversity within its community. Sunnybrook Research Institute is collaborating with the University of Toronto and its affiliated hospitals to increase transparency within the Canada Research Chairs Program (CRCP) and to increase the number of chair holders from the <u>federally designated</u> groups (FDGs): women; Aboriginal peoples; persons with disabilities; and members of visible minorities. We strongly encourage you to self-identify by checking the appropriate box(es) below that may apply to you.

The completion of this form is **voluntary**, and you may identify in more than one designated group. The information collected will remain confidential. Aggregated data will be used solely for the purpose of monitoring institutional progress toward meeting established targets for the FDGs as part of the <u>CRCP Equity</u>, <u>Diversity and Inclusion Action Plan</u>. For further information about the CRCP Equity, Diversity and Inclusion Action Plan at SRI, visit our <u>website</u>.

Gender	F	M	I choose not to answer
Other (Please specify)			
¹ Member of a visible minority	Yes	No	I choose not to answer
² Aboriginal 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: persons, other than an Aboriginal peoples, who are non-Caucasian in race or non-white in colour. 2. Aboriginal 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 officer designated in the job posting.