**Note from the Canadian Human Rights Commission**

The best way to collect employment equity information from your staff is the self-identification survey.

Important: By law, the survey must “contain the definitions of members of visible minorities, persons with disabilities and Aboriginal peoples set out in section 3 of the Act.” However, the Employment Equity Act also expressly permits flexibility in terms of the expressions used. This flexibility enables employers to use more modern language and explore issues which may not have been as well understood at the time the Employment Equity Act was passed.

# Employee self-identification survey

This survey contains two types of questions:

* questions we [name of employer] are required to ask you [employee] pursuant to the Employment Equity Act
* questions that we are asking because we believe they are relevant to promoting diversity and inclusion even though they are not required by the Employment Equity Act

We are not required by the Employment Equity Act to ask questions marked with an \*. We are asking these questions because we would like to better understand and address barriers to equality, diversity and inclusion in our workplace that may vary, even among the designated group members as defined in the Employment Equity Act. As with all answers you provide to these questions, your responses will be kept strictly confidential and will not be shared with your manager or supervisor except to describe general trends without identifying you personally. As such, please note that identifying a disability in this survey does not constitute a request for accommodation, which should be made in accordance with the accommodation policy.

## Employee Identification (mandatory)

|  |  |
| --- | --- |
| Family Name | Given name |
| Employee ID | |

## Self-identification (voluntary)

### Are you a person with a disability?

Persons with disabilities are those that have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who (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. This also includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace

☐ Yes

☐ No

☐ Prefer not to say

**\* Additional detail about your disability/disabilities (select all that apply):**

☐ Not applicable (I have no disability)

☐ Prefer not to say

☐ Hearing

☐ Seeing

☐ Mobility

☐ Flexibility

☐ Dexterity

☐ Pain

☐ Learning

☐ Memory

☐ Developmental

☐ Mental and/or psychological

☐ Unknown disability type

☐ Other

**Are you an Indigenous person?**

For the purposes of the Employee Equity Act an Indigenous person, include anyone who identifies as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band.

☐ Yes

☐ No

☐ Prefer not to say

**\* If yes, are you:**

☐ First Nations

☐ Inuk (Inuit)

☐ Métis

☐ Prefer not to say

**Are you a racialized person?**

For the purposes of the Employee Equity Act racialized persons are persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in color, regardless of birthplace.

☐ Yes

☐ No

☐ Prefer not to say

**\* If yes, are you:**

☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan, Indo-Caribbean etc.)

☐ Chinese

☐ Black

☐ Filipino

☐ Latin American

☐ Arab

☐ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai, etc.)

☐ West Asian (e.g., Iranian, Afghan, etc.)

☐ Korean

☐ Japanese

☐ Mixed race

☐ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Prefer not to say

## Mandatory question:

### Do you agree that this information may be used for human resources management purposes related to employment equity?

☐ Yes

☐ No