Voluntary Self-Identification Form

This form is designed to collect demographic information as part of our clear commitment to equity, diversity and inclusion. The collection of demographic information is one of the priorities outlined in the Action Plan to Support Equity, Anti-Racism, and Anti-Oppression. This data will help in accountability, measurement and tracking. Your response is voluntary, and you may skip any question you do not wish to answer. The data collected will not be anonymous. Assigned Provincial Office staff will have access to this information for the purposes of making recommendations about appointments and for promoting greater diversity within OSSTF/FEESO Committees, Councils and work groups.

 1. Race is a social construct, and not always a reflection of personal identity (as distinct from ethnic or cultural identity). However, in our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "Southeast Asian", etc. Which race category best describes you? Select all that apply. Black (e.g., African, Afro-Caribbean, African-Canadian descent) East Asian (e.g., Chinese, Japanese, Korean descent) Indigenous (e.g., First Nations, Inuit, Métis descent) Latinx (e.g., Argentinean, Chilean, Costa Rican descent) Middle Eastern (e.g., Afghan, Iranian, Syrian descent) South Asian (e.g., Indian, Indo-Caribbean, Tamil descent) Southeast Asian (e.g., Indonesian, Thai, Vietnamese descent) White (European descent) 	 3. Which of the following best describes your gender identity? Select all that apply. Agender Genderfluid/Genderqueer Man Non-binary Transgender Two-spirit Woman An identity not listed, please specify: Prefer not to answer 4. Do you identify as 2SLGBTQI+? No Yes Prefer not to answer
An identity not listed, please specify:	5. Do you identify as a person living with a disability or as requiring accommodations in the workplace
 Prefer not to answer What language(s) do you use in your day-to-day life? Select all that apply. American Sign Language English 	due to a functional limitation? Select all that apply. No Yes, evident/visible Yes, non-evident/invisible Prefer not to answer
☐ French ☐ Another language not listed, please specify:	6. Are you the primary caregiver of dependents under the age of 18 or adult dependents? No
Prefer not to answer	Yes I do not have dependents Prefer not to answer

