

## **GOVERNOR IN COUNCIL APPOINTEES SELF-IDENTIFICATION FORM**

- This form is designed to collect information on the diversity of Governor in Council appointees.
- Please note that a person may belong to more than one designated diversity group.
- Completion of this form is voluntary.
- The information provided will be retained by the Senior Personnel Secretariat of the Privy Council Office for statistical purposes to help the Government of Canada develop and maintain diversity information on Governor in Council appointees and its confidentiality is protected under the *Privacy Act*. You have the right to review as well as to correct information about yourself and can be assured that it will not be used for unauthorized purposes.
- If you need more information or require assistance in completing this form, please contact the appointments team at [messages@pco-bcp.gc.ca](mailto:messages@pco-bcp.gc.ca).
- For further information on the collection of personal information, please refer to the Standard Personal Information Bank for Governor in Council Appointments (PSU 918) available at [infosource.gc.ca](http://infosource.gc.ca). To access your information or request a correction, please contact the Access to Information and Privacy Coordinator, Mr. David Neilson, at (613) 957-5210.

### **Step 1: Complete Parts A to H.**

**Step 2: Sign and date the form and return it to [messages@appointments-nominations.gc.ca](mailto:messages@appointments-nominations.gc.ca).**

### **PART A**

**Please indicate your Family Name:**

**Given Name and Initials:**

**Organization appointed to by the Governor in Council:**

### **PART B**

**Would you like to complete the self-identification regarding diversity form?**

(Yes / No)

### **PART C**

**Gender**

Gender may be different from sex assigned at birth, or may be different from what is on legal documents.

**Please indicate your gender:**

*(Female, Male, Or please specify)*

## **PART D**

### **Indigenous peoples**

An Indigenous person is a North American Indian or a member of a First Nation, a Métis or an Inuit. North American Indians or members of a First Nation include status, treaty or registered Indians, as well as non-status and non-registered Indians.

**Do you wish to self-identify as an Indigenous person?**

*(Yes / No)*

**If you wish to provide further details, please indicate which Indigenous group you belong to:**

*(Inuit, Métis, North American Indian / First Nation, Other Indigenous)*

## **PART E**

### **Visible minorities**

A member of a visible minority group in Canada is someone (other than an Indigenous person as defined in D above) who is non-white in colour/race, regardless of place of birth.

**Do you wish to self-identify as a member of a visible minority?**

*(Yes / No)*

**If you wish to provide further details, please indicate which visible minority group you belong to:**

*(Black, Chinese, Filipino, Japanese, Korean, Non-White Latin American, Non-White West Asian/North African/Arab, Southeast Asian, South Asian/East Indian, Persons of mixed origin, Other visible minority)*

## **PART F**

### **Ethnic/Cultural Group**

A member of an **ethnic or cultural group** is a person who identifies with a category of people based on similarities such as common ancestry, language, history, society, culture or nation.

**Do you wish to self-identify as a member of an ethnic/cultural group?**

(Yes / No)

**If you have chosen to self-identify as a member of an ethnic/cultural group, you must provide a description:**

## **PART G**

### **LGBTQ2**

**LGBTQ2 includes but is not limited to lesbian, gay, bisexual, transgender, queer, and two-spirit individuals.**

**Do you wish to self-identify as part of the LGBTQ2 community?**

(Yes / No)

## **PART H**

### ***Persons with disabilities***

A person with a disability has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and

- i) considers themselves to be disadvantaged in employment by reason of that impairment; or*
- ii) believes 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 the impairment have been accommodated in their current job or workplace.

**Do you wish to self-identify as a person with a disability?**

(Yes / No)

**If you wish to provide further details regarding your disability, please indicate which disability applies to you:**

*(Coordination or dexterity-related, Developmental disability, Flexibility-related, Hearing-related, Learning-related, Memory-related, Mental Health-related, Mobility-related, Pain-related, Seeing-related, Other disability – Please specify)*

**Signature:**

**Date (dd/mm/yy):**