Employment Equity Questionnaire

**The information you provide on this questionnaire will be kept separate from your personnel records and will not become part of them. This questionnaire is available in alternate formats. Please contact the Diversity and Human Rights Advisor at (204) 727-9785 or email** **diversity@brandonu.ca** **with any questions or requests.**

Return completed forms, in a sealed envelope, to the Diversity and Human Rights Advisor.

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| --- | --- | --- | --- |
| Name or Employee #: |  | Date: |  |

# Instructions

At Brandon University, we want to ensure that the makeup of our workforce reflects the makeup of our larger environment. In order to achieve this goal, we need the most accurate data possible from all employees, whether they identify as members of a designated group or not. This is why we require that all employees complete this questionnaire, and return it through interoffice mail, in a sealed envelope, to the Diversity and Human Rights Advisor (DHRA).

The information collected in this survey will be held in strictest confidence in the office of the DHRA, and will only be used for the purpose stated here. You can identify in more than one group, and you can change the information provided on this form at any time by contacting the DHRA at (204) 727-9785 or email**diversity@brandonu.ca****.**

We are committed to the principles of the Employment Equity Act (the Act) which defines four federally designated groups that have faced, and continue to face, barriers to employment. These four groups are: Women, Indigenous/Aboriginal People, Racialized People/Visible Minorities and People with Disabilities.

Under the Federal Contractors Program (FCP), the university is required to collect data on the representation of members of the designated groups in the workforce. The purpose of this questionnaire is to comply with the FCP and the Act, and to assist us in removing barriers to employment and advancement for members of the designated groups.

We ask you to provide either your name or your employee number on this form so that we can look at the makeup of our workforce for different types of jobs, university departments, professorial ranks etc. Your Employee number can be found at the top of your *Statement of Earnings*.

#  Opt Out of Providing Equity Data

Answering the questions in this form is voluntary. If you choose not to provide any equity data simply check the box below, fill in your name or employee number and the date at the top of this form, and return it to the Diversity and Human Rights Advisor in the envelope provided. Returning the form, whether it is complete or not, is **mandatory**.

[ ]  I decline to complete the questionnaire.

# 1) Canadian Indigenous/Aboriginal People

# Canadian Indigenous/Aboriginal people are those who identify themselves as First Nations, Metis or Inuit, and include those with or without treaty status. The Act includes Canadian Indigenous/ Aboriginal people as a designated group because they have faced, and continue to face, barriers to employment.

Do you consider yourself to be a Canadian Indigenous/Aboriginal Person?

[ ] Yes [ ] No [ ] Decline to answer

# 2) Racialized People/Visible Minorities

# Racialized people/visible minorities are people, other than indigenous/aboriginal people, who are non-Caucasian in race or non-white in colour. The Act includes racialized people/visible minorities as a designated group because they have faced, and continue to face, barriers to employment.

Do you consider yourself to be a member of a racialized or visible minority group?

[ ] Yes [ ] No [ ] Decline to answer

#

# 3) Women

# The Act includes women as a designated group because they have faced, and continue to face, barriers to employment.

Do you self-identify as a woman?

[ ] Yes [ ] No [ ] Decline to answer

# 4) People with Disabilities

People with disabilities are people who 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 includes people whose functional limitations owing to their impairment have been accommodated in their current job or workplace**.** The Act includes people with disabilities as a designated group because they have faced, and continue to face, barriers to employment.

Do you consider yourself to be a person with a disability?

[ ] Yes [ ] No [ ] Decline to answer

**Thank you for taking the time to complete this questionnaire.**