BROCK UNIVERSITY

SELF-IDENTIFICATION FORM - FACULTY APPOINTMENT

Brock University and the Brock University Faculty Association agree that the University is better able to advance its essential functions, namely the pursuit, creation and dissemination of knowledge through teaching and research, if members of the following designated groups are well represented in the Bargaining Unit. These groups as identified in Article 19.07(d)(i) of the Collective Agreement are Women, Aboriginal peoples, members of visible minorities, and persons with disabilities.

Candidates who are a member of one of the aforementioned designated groups and who wish to have their application considered as such, should fill out this form and return it with their application.

PLEASE INDICATE BY MARKING (X) OR () ON THE APPLICABLE LINE, ANY OF THE FOLLOWING DESIGNATED GROUP(S) THAT YOU WISH TO BE SELF-IDENTIFIED WITH.

- ( ) **WOMEN**
- ( ) **FIRST NATIONS** - Aboriginal peoples are those who identify themselves as Indian (Status or Non-Status), Inuit, or Metis.
- ( ) **MEMBERS of VISIBLE MINORITIES** - Members of visible minority groups are people, other than aboriginal people, who are, because of their race or colour, in a visible minority in Canada and who identify themselves as non-Caucasian in race or non-white in colour. **Please note this is not based on nationality, citizenship, religion, or ethnicity**. You may identify yourself with a visible minority group whether or not you are born in Canada or are a Canadian citizen. Groups such as Polish, Italian, Greek, etc., would not be considered visible minorities.
- ( ) **PERSONS WITH DISABILITIES** - For the purpose of this form, persons with disabilities are those individuals whose prospects of securing, receiving, training, and advancing in suitable employment may be substantially reduced as a result of a physical or mental impairment. This definition has been provided by the Employment Equity Branch of Employment and Immigration Canada.

If by the above definition, you have any physical, sensory, learning, emotional or developmental disability that *you feel* an employer might discriminate against because of its impairment and you wish to self-identify, please mark the appropriate bracket. *Persons with temporary disabilities such as those caused by an injury or illness that will heal, will not be considered as "persons with disabilities" for the purpose of this form.*

NAME:

POSITION TO WHICH YOU ARE APPLYING:

DATE: