Self-identification Form

Must be included with your application

First and last name:

Pronoun :

Phone number :

Email adress :

Mailing address :

To which of the underrepresented group(s) do you identify? You may mark more than one answer :

- ☐ Women
- ☐ Indigenous (First Nation, Metis or Inuit)
- ☐ LGBTQ+
- ☐ Visible minority
- ☐ Ethnic minority
- ☐ Person with a disability
- ☐ Prefer not to answer