



## Employment Equity Survey

### Informed Consent

The anti-oppression committee at Access Alliance wants to carry out an Employment Equity survey among staff. While completion of the survey is not mandatory, your participation is valuable for our planning. The survey will take only a few minutes of your time and is completely confidential. As you can see, we are not asking for your name. You may decline to answer any or all of the questions; however, we encourage all questions to be answered. Data will be reported only in summary or aggregate form and will be kept separate from employee records.

**1. Which of the following best describes your job position at Access Alliance? Check ONE only.**

- Directors/ Managers/ Supervisors (including ED)
- Administrative / support (Secretaries, IT, help desk, finance etc.)
- Direct Service (Health care provider, Peer outreach, coordinator, youth worker, health promoter etc.)
- Others, please specify \_\_\_\_\_

**2. How many years have you been working with Access Alliance?**

- Less than 1 year    1-2 years    2-3 years    3--5 years    Over 5 years

**3. Please indicate your employment status?**

- Permanent    Relief staff    Project staff    Locum staff

If you are unsure please check your contract or with your manager.

**4. Please indicate whether you are a full time or part time staff at Access Alliance.**

- Full time    Part-time    Other

**6. Were you born in Canada?**  Yes    No    Prefer not to answer

If **NO**, in what country were you born? \_\_\_\_\_

**7. What YEAR did you arrive in Canada?** \_\_\_\_\_

<p><b>8. What is your gender?</b> Check <b>ONE</b> only</p> <p> <input type="checkbox"/> Female  <input type="checkbox"/> Intersex  <input type="checkbox"/> Male  <input type="checkbox"/> Trans-female to male  <input type="checkbox"/> Trans- Male to female  <input type="checkbox"/> Others, please specify: </p> <p> <input type="checkbox"/> prefer not to answer  <input type="checkbox"/> Do not know </p>	<p><b>9. What is your sexual orientation?</b> Check <b>ONE</b> only.</p> <p> <input type="checkbox"/> Bisexual  <input type="checkbox"/> Gay  <input type="checkbox"/> Heterosexual ("straight") </p> <p> <input type="checkbox"/> Lesbian  <input type="checkbox"/> Queer  <input type="checkbox"/> Two-spirit  <input type="checkbox"/> Other, please specify - _____  <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Do not know </p>
<p><b>10. Which of the following best describes your racial or ethnic group?</b> Check <b>ONE</b> only.</p> <p> <input type="checkbox"/> Asian - East (e.g., Chinese, Japanese, Korean)  <input type="checkbox"/> Asian - South (e.g. Indian, Pakistani, Sri Lankan)  <input type="checkbox"/> Asian – South East (e.g., Malaysian, Filipino, Vietnamese)  <input type="checkbox"/> Black – African (e.g., Ghanaian, Kenyan, Somali)  <input type="checkbox"/> Black – Caribbean (e.g. Barbadian, Jamaican)  <input type="checkbox"/> Black – North American (e.g., Canadian, American)  <input type="checkbox"/> First Nations  <input type="checkbox"/> Indian – Caribbean (e.g., Guyanese with origins in India)  <input type="checkbox"/> Indigenous/Aboriginal  <input type="checkbox"/> Inuit </p> <p> <input type="checkbox"/> Latin American (e.g., Argentinean, Chilean, Salvadoran)  <input type="checkbox"/> Metis  <input type="checkbox"/> Middle Eastern (e.g., Egyptian, Iranian, Lebanese)  <input type="checkbox"/> White – European (E.g., English, Italian, Portuguese, Russian)  <input type="checkbox"/> White – North American (e.g., Canadian, American)  <input type="checkbox"/> Mixed heritage (Please specify): _____  <input type="checkbox"/> Other(s) (Please Specify): _____  <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Do not know </p>	
<p><b>13. Do you have any disability that requires to be accommodated?</b></p> <p> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Prefer not to answer </p>	

**\*Sponsored by Anti-oppression Committee**