The information obtained in this questionnaire remains confidential and is only considered by the CCNB’s Human Resources department. Information will NOT be shared with other departments or entities. They remain the property of the CCNB’s Human Resources department.

**SELF-DECLARATION QUESTIONNAIRE**

1. **Last name and first name required)**

      Last name

      Frist name

      Email

      Telephone Number

Please indicate your pronouns (e.g., she, her) to be used in our correspondence with you:

If applicable, please indicate the use of an honorary title to be used for our correspondence with you (e.g. Prof., Dr., Elder...):

1. **Gender Identity (optional)**

Gender identity is how a person perceives his or her gender internally, mentally or psychologically. The gender identity of a person may correspond or differ from the sex assigned to him at birth. If you had to choose ONE answer to best describe your current gender identity, what would it be?

      Woman

      Man

      Indigenous or culturally specific identity

      Nonbinary

      Fluid gender

      Agender

      Other (Please specify)

**3. Indigenous ancestry (optional)**

Indigenous ancestry indicates whether you have an ancestry related to Indigenous peoples in Canada, i.e., First Nations, Métis and/or Inuit. Section 35(2) of the *Constitution Act*, 1982 specifies that “Aboriginal peoples of Canada” includes First Nations, Inuit and Métis in Canada.

Are you of Indigenous ancestry?

      Yes

      No

1. **Visible minority (optional)**

A member of a visible minority group is a person resident in Canada, other than an Indigenous person, who is not of Caucasian or white race. As a member of a visible minority, you may have been born in Canada or come from another country.

Do you identify as a member of a visible minority group?

      Yes

      No

**5. Disabled person (optional)**

A disability is a physical, intellectual, cognitive, mental or sensory impairment, a learning or communication disorder or functional limitation of a permanent, temporary or episodic nature, whether manifested and whose interaction with an obstacle impairs a person’s full and equal participation in society.

Are you a person with disabilities?

      Yes

      No

Thank you for completing this form.

Please attach this questionnaire to your application (CV + cover letter) and send it:

**By email** : [ccnb-rh@ccnb.ca](mailto:ccnb-rh@ccnb.ca)

**Par mail** :

Direction des ressources humaines

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