

**SUPPLEMENTARY APPLICATION FORM – TECH FOR HEALTHY AGING**

**SELF- IDENTIFICATION FORM**

In line with federal funding agencies, AGE-WELL is asking Applicants submitting an application for funding competitions to self-identify with information on age, gender, Indigenous identity, visible minority and population group or disability. If you would prefer not to self-identify and/or provide the requested information, **you may select “I prefer not to answer” for any or all of the questions.**

Please note that the information provided here will *not* be shared. It will not be used to adjudicate applications and will not affect your ranking. This information is solely collected so the platform can monitor the equity performance of programs and design new measures that achieve greater equity, diversity and inclusion in the research enterprise.

The collection of this information is an essential part of efforts to improve EDI in science and research. For further information, please see the Tri-Agency's policy on Self-Identification Data Collection in Support of EDI and Canada's 50-30 Challenge: [https://science.gc.ca/eic/site/063.nsf/eng/h\\_97615.html](https://science.gc.ca/eic/site/063.nsf/eng/h_97615.html)

Age	<input type="checkbox"/> 18-24 years old <input type="checkbox"/> 25-34 years old <input type="checkbox"/> 35-44 years old <input type="checkbox"/> 45-54 years old <input type="checkbox"/> 55-64 years old <input type="checkbox"/> 65-74 years old <input type="checkbox"/> 75+ years old <input type="checkbox"/> I prefer not to answer
Self-Identified Gender Identity and Sexual Orientation	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Gender fluid, nonbinary and/or Two Spirit <input type="checkbox"/> LGBTQ2IA2S+ <input type="checkbox"/> My gender identity and/or sexual orientation is not listed above. <input type="checkbox"/> I prefer not to answer If your gender identity or sexual orientation were not listed, and you would like to specify, please do so here: <input style="width: 300px; height: 20px;" type="text"/>
Do you identify as a member of any of the following Indigenous populations:	<input type="checkbox"/> First Nations (Includes status, treaty or registered Indians, as well as non-status and non-registered Indians) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit/Inuk <input type="checkbox"/> I prefer not to answer <input type="checkbox"/> Not applicable

<p>Do you identify with any of the following ethnicities:</p>	<p> <input type="checkbox"/> Black  <input type="checkbox"/> Persons of mixed origin (with one parent in one of the Visible Minority communities listed)  <input type="checkbox"/> Japanese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Non-white West Asian, North African/Arab (includes Egyptian; Libyan; Lebanese; Iranian; etc.)  <input type="checkbox"/> Non-white Latin American (includes Indigenous peoples from Central and South America, etc.)  <input type="checkbox"/> Chinese  <input type="checkbox"/> Korean  <input type="checkbox"/> South Asian/East Indian (includes Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.)  <input type="checkbox"/> Southeast Asian (includes Burmese, Cambodian, Laotian; Thai; Vietnamese; etc.)  <input type="checkbox"/> White  <input type="checkbox"/> My ethnicity is not listed here  <input type="checkbox"/> I prefer not to answer  <input type="checkbox"/> Not applicable            If your ethnicity was not listed above, and you would like to specify, please do so here: <input type="text"/> </p>
<p>Are you a person living with a disability?</p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> I prefer not to answer         </p>