

Client name

Birthdate

LABC Client ID

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## DEMOGRAPHIC DATA CLIENT CONSENT FORM

**Why do we ask for this information?** LABC cares about you getting the best service possible regardless of your race, Indigenous identity, gender, disabilities or sexual orientation. For example, for Indigenous clients, that means providing culturally safer services. The way we do that is by collecting information about how you identify and offering many options for you to choose from. This helps us improve how you are supported.

**Your Data Your Choice:** Sharing will not affect your rights or the success of your application. You can choose to share or not in each section of the form. At any time, you can ask us to remove the information, and it will be deleted. We will do our best to explain the options listed below.

**What is NOT done with your data?**

- Not used to cause harm
- Not used to sell data for profit
- Not used to make decisions based on poorly collected data
- Not used to make equity changes based on a lack of data

**Privacy Notice:** Personal information is collected based on the [Freedom of Information and Protection of Privacy Act](#) for the purposes of providing you with legal aid and for planning and evaluating our programs and activities. For more information on why we collect personal information and how it is used, please refer to [legalaid.bc.ca/privacy](#). If you wish to contact Legal Aid BC about your personal information, we can be reached at [privacy@legalaid.bc.ca](mailto:privacy@legalaid.bc.ca).

**What gender identities best describe you? (check all that apply)**

Prefer not to say	Agender
Cis-gender Man	Two-Spirit
Cis-gender Woman	Indigiqueer/Indigequeer
Transgender Man	Gender Queer/Gender
Transgender Woman	nonconforming/Gender Fluid
Non-binary	My preferred option(s) are not listed:

**What sexual or romantic identities best describe you? (check all that apply)**

Prefer not to say	Queer
Asexual	Lesbian
Aromantic	Two-Spirit
Bisexual	Indigiqueer/Indigequeer
Gay	My preferred option(s) are not listed:
Straight	

**What disabilities best describe you? (check all that apply)**

Prefer not to say	Developmental disability
Addictions	Mental health-related / Psychological disability
Fetal Alcohol	Seeing (blind or low vision) disability
Syndrome Disorder (FASD)	Neurological disability
Hearing disability	Body size/shape disorder
Flexibility / mobility disability	Speech disability
Dexterity / coordination disability	Sensory disability
Pain disability	My preferred option(s) are not listed:
Learning disability	

**Do you identify as First Nations, Inuit, or Métis? (check all that apply)**

First Nations	No
Inuit	Prefer not to say
Métis	

**What racial identities best describe you? (check all that apply)**

Prefer not to say	West Asian
Black	Pacific Islander
Arab	South Asian
Chinese	Southeast Asian
Filipino/a/x	White
Japanese	My preferred option(s) are not listed:
Korean	
Latino/a/x	