

Client name	Birthdate	LABC Client ID

DEMOGRAPHIC DATA CLIENT CONSENT FORM

Why do we ask for this information? This information is collected for statistical purposes to help us enhance our services. It is used to help us create programs that will provide better services for you. It also helps with the assignment of counsel to your file(s). We are committed to continuing to ensure that our services are fair for everyone regardless of your race, gender, sexual orientation or disabilities.

PLEASE NOTE: Sharing of data will not have an impact on your rights or the success of your application in any way. Whether you answer or not will not affect the quality of your service.

What is done with the data collected? Personal information is collected in accordance with the [Freedom of Information and Protection of Privacy Act](#) and the [Anti-Racism Data Act](#). The data is stored in our client information system and is not shared in any way that links it to an individual person. For more information on why we collect personal information and how it is used, please refer to our [Privacy Policy](#) on our website. If you wish to contact Legal Aid BC about your personal information, we can be reached at privacy@legalaid.bc.ca.

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

Genders:

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Agender | <input type="checkbox"/> Consent to share with Legal Aid BC |
| <input type="checkbox"/> Cis-gender Man | <input type="checkbox"/> Two-Spirit | |
| <input type="checkbox"/> Cis-gender Woman | <input type="checkbox"/> Indigiqueer / Indigequeer | |
| <input type="checkbox"/> Transgender Man | <input type="checkbox"/> Gender Queer / Gender nonconforming / Gender Fluid | |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> My preferred option(s) are not listed: | |
| <input type="checkbox"/> Non-binary | | |

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

Disabilities:

- | | | |
|---|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Memory disability | <input type="checkbox"/> Consent to share with Legal Aid BC |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Developmental disability | |
| <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) | <input type="checkbox"/> Mental health-related / Psychological disability | |
| <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Seeing (blind or low vision) disability | |
| <input type="checkbox"/> Flexibility / mobility disability | <input type="checkbox"/> Neurodiverse | |
| <input type="checkbox"/> Dexterity / co-ordination disability | <input type="checkbox"/> Physical stature disability | |
| <input type="checkbox"/> Pain disability | <input type="checkbox"/> Speech disability | |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Sensory disability | |
| | <input type="checkbox"/> My preferred option(s) are not listed: | |
| | | |
| | | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> First Nations | <input type="checkbox"/> No | <input type="checkbox"/> Consent to share with Legal Aid BC |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Métis | | |

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

Race:

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Korean (i.e. East Asian ethnic group native to or that inhabits Korea) | <input type="checkbox"/> Consent to share with Legal Aid BC |
| <input type="checkbox"/> Black (i.e. Person of African or Afro-Caribbean descent) | <input type="checkbox"/> Latino/a/x (i.e. Spanish-speaking people, living primarily in South America, Central America, and Mexico) | |
| <input type="checkbox"/> Arab (i.e. Arab speaking people living in regions such as Egypt, Sudan, Syria and Iraq) | <input type="checkbox"/> Pacific Islander (i.e. Indigenous person of Polynesia, Melanesia, or Micronesia, or a person of Pacific Islands descent) | |
| <input type="checkbox"/> Chinese (i.e. People or ethnic groups identified with China) | <input type="checkbox"/> South Asian (e.g. Pakistani, Sri Lankan, Nepali or Indian subcontinent) | |
| <input type="checkbox"/> Filipino/a/x (i.e. An ethnic group native to or inhabitants of the Philippines) | <input type="checkbox"/> Southeast Asian (e.g. Vietnamese, Cambodian, or Thai) | |
| <input type="checkbox"/> Japanese (i.e. East Asian ethnic group native to or inhabits the Japanese archipelago) | <input type="checkbox"/> White (e.g. German, Irish, English, Italian, or other European ancestry) | |
| | <input type="checkbox"/> My preferred option(s) are not listed: | |
| _____ | | |

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

Sexual / Romantic Orientation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Queer | <input type="checkbox"/> Consent to share with Legal Aid BC |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian | |
| <input type="checkbox"/> Aromantic | <input type="checkbox"/> Two-Spirit | |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Indigiqueer / Indigequeer | |
| <input type="checkbox"/> Gay | <input type="checkbox"/> My preferred option(s) are not listed: | |
| <input type="checkbox"/> Straight | | |
| _____ | | |

OPTIONAL: Do you consent to sharing this information with Legal Aid BC? The above information may be of assistance to Legal Aid BC in providing quality service.

- Yes, I agree** that Legal Aid BC can have access to the information shared above.
- No** do not give permission to share the above demographic information with Legal Aid BC.

Signature: _____ **Date:** _____

To submit this form please email intake@legalaid.bc.ca.