



**Canada Council
for the Arts**

**Conseil des Arts
du Canada**

Peer Assessor: Self-Nomination Form

Selection of peer assessors at the Canada Council

Peer evaluation is fundamental to the Canada Council's decision-making process. Applications are evaluated by peer assessment committees that are composed of arts professionals. Committee members are selected with consideration to fair representation of artistic specializations, gender, generations, Canada's two official languages, Aboriginal people, the cultural and regional diversity of Canada, and people who are Deaf or have disabilities.

In selecting arts professionals to participate in its peer assessment process, the Canada Council looks for individuals who have the experience, knowledge and open-mindedness to make a fair and expert evaluation of the comparative merits of applications and nominations for grants and prizes. Peers are respected within their artistic or scholarly communities and have professional experience and knowledge directly related to the prize or program assessment criteria and the types of applications or nominations in each competition.

How can I serve as a peer assessment committee member?

The Canada Council is committed to engaging a significant proportion of new assessors each year, and strives to ensure that its peer assessment process represents a wide variety of experience and perspectives.

Peer assessment committee members are paid an honorarium for each meeting day plus reading fees as well as expenses for travel, accommodation and meals, if applicable.

If you are interested in serving on a peer assessment committee, please complete the attached form and submit it along with your arts-related résumé to the Canada Council at the address listed below.

How will the Canada Council use the information that I provide?

The information that you provide in your completed peer assessor self-nomination form and arts-related résumé will be kept in a list of potential peer assessors that may be used by Canada Council staff for the purposes of assembling peer assessment committees. It will not be used for other purposes or disclosed to a third party without written consent.

If you have not already filled out the attached voluntary self-identification form, you are also encouraged to do so in order to help the Canada Council identify whether its activities are incorporating the expertise and experience of a diverse and wide range of Canadian arts professionals. For more details on the voluntary self-identification form, please contact Hélène Pollex, Information Officer, at 1-800-263-5588 or 613-566-4414, ext. 4075, or by email at helene.pollex@canadacouncil.ca or Debbie Stenson, ATIP Coordinator at ext. 5696 or by email at Atip-airp@canadacouncil.ca

How will the Canada Council protect the information that I provide?

By submitting the peer assessor self-nomination form, arts-related résumé and your personal information, you are consenting to its collection, use and disclosure in accordance with the Privacy Act. The Canada Council will use or disclose the information to others only for the purposes stated. If the Canada Council wishes to use your information for other purposes, it must first receive your written consent to do so.

Further information

Information Officer

Arts Services

Canada Council for the Arts

350 Albert Street, P.O. Box 1047

Ottawa ON K1P 5V8

info@canadacouncil.ca

1-800-263-5588 (toll-free) or 613-566-4414, ext. 5060

TTY: 1-866-585-5559

PNFO1E 10-11



The information collected in this form will be kept in a list of potential peer assessors that may be used by Canada Council staff for the purposes of assembling peer assessment committees. It will not be used for other purposes or disclosed to a third party without written consent.

IDENTIFICATION

NAME: Mr. Mrs. Ms. Miss Year of birth:

Last name First and middle names

CONTACT INFORMATION

Permanent address:	Mailing address, if different from permanent address:
Street address and apartment or suite number	Street address and apartment or suite number
City Province or territory Postal code	City Province or territory Postal code

Email Telephone (residence) Telephone (business)
Website Fax Extension

I AM AN ARTS PROFESSIONAL IN THE FOLLOWING DISCIPLINE(S) (check all that apply):
 Dance Inter-Arts Media Arts Music Theatre Visual Arts Writing and Publishing

PRIMARY DISCIPLINE:
 Dance Inter-Arts Media Arts Music Theatre Visual Arts Writing and Publishing

SPECIALIZATION : (ex: choreographer, artist, arts administrator, critic, etc.). Please specify :

GENRE: (ex: ballet, circus arts, film/video, classical, architecture, spoken word, etc.)

WORKING LANGUAGE(S) Check all that apply:
 English French Other (specify):

ATTACH A RECENT ARTS-RELATED RÉSUMÉ

Please provide a description of your arts-related professional experience, knowledge and specialization.

CONSENT:

I certify that the above information is true and complete and I would like to be added to the list of potential peer assessors and on the Canada Council mailing list.

Will you permit the Canada Council for the Arts to include your name, address and email on its mailing list?
(**This information will be used for Canada Council business only, including surveys.**) Yes No

SIGNATURE: DATE:

If you complete this form by hand or on a typewriter, your original signature is required (not a photocopy). If you complete this form online, your email address will be accepted as your original signature.

Please return the completed form to:
Arts Services, Canada Council for the Arts
350 Albert Street, P.O. Box 1047, Ottawa ON K1P 5V8 info@canadacouncil.ca



Voluntary Self-identification Form

The Canada Council for the Arts is a federal Crown corporation created by an Act of Parliament, and it has certain legal obligations under the Canadian Charter of Rights and Freedoms.

The federal Privacy Act protects the personal information that you provide on this form.

The Canada Council for the Arts' mandate is to support the study, enjoyment and production of works in the arts. Moreover, the Canada Council would like to strengthen its positive impact on all professional Canadian artists. The Canada Council can better achieve these objectives if it knows more about who applies to its programs and who receives its funding.

The Canada Council is committed to equity, diversity and inclusion when providing grants and services to professional artists and arts organizations. Its policies reflect Canada's rich and complex reality, and the Canada Council uses its unique national perspective to identify and address issues related to access. The issues can be—but are not limited to—regional, cultural, racial, generational, language-based, Aboriginal-based, disability-based and (or) gender-based.

For this reason, you are encouraged to complete this voluntary self-identification form to help the Canada Council determine whether its programs and services are reaching a diverse and wide range of Canadian artists, as intended. Individuals who are applying for a grant as members of a collective and (or) an ensemble are also encouraged to complete this form.

The form will be detached from program application forms. The information that you provide in this form will not be used to determine your eligibility.

How will the Canada Council use the information that you provide?

Your voluntary self-identification information may be used to:

- generate statistics that will measure the impact of, and identify gaps in, funding
- ensure there is diversity in the membership of peer assessment committees, advisory committees and focus groups
- gather information to help the Canada Council with the design, review and evaluation of its programs
- plan outreach activities and targets
- report to the Canada Council Board and committees
- share information with other government departments, organizations and contractors with whom the Canada Council has a data sharing agreement (please refer to the consent option on page 4), and
- Identify applications for priority funding after they have been assessed as having equal merit with other applications.

How will the Canada Council protect the information that you provide?

By submitting your personal information, you are consenting to its collection, use and disclosure in accordance with the Privacy Act. The Canada Council will use or disclose the information to others only for the purposes stated. If the Canada Council wishes to use your information for other purposes, it must first receive your written consent to do so.

**Personal information collected on this form will be stored in the personal information bank for the appropriate program.
PROTECTED WHEN COMPLETED**

NAME: _____

If you have any questions regarding the provision of this voluntary self-identification information, please contact H el ene Pollex, Information Officer, Arts Services Unit, at 1-800-263-5588 or 613-566-4414, ext. 4075, or by email at helene.pollex@canadacouncil.ca.

Please complete this revised form even if you have provided self-identification information in the past. The information is stored in a series of Canada Council for the Arts data banks described in *Info Source*.

To access, correct or revise your personal information, please provide a precise description of your personal information to the Access to Information and Privacy (ATIP) Coordinator:

ATIP Coordinator

Canada Council for the Arts

350 Albert Street, P.O. Box 1047

Ottawa ON K1P 5V8

debbie.stenson@canadacouncil.ca

Telephone: 1-800-263-5588 or 613-566-4414, ext. 4696

TTY: 1-866-585-5559

Fax: 613-566-4390

It will take you approximately 10 minutes to complete this form.

Name:

Last name

First name

Year of birth: _____

Place of residence:

City, town, hamlet, reserve or other place: _____

Province or territory: _____ Postal code: _____

Region:

Where **in Canada** do you consider to be your home? (This may be different from your current place of residence.)

Home city, town, hamlet, reserve or other place: _____

Home province or territory: _____

Gender:

Female

Male

Transgender

Other, please specify: _____

Personal information collected on this form will be stored in the personal information bank for the appropriate program.

PROTECTED WHEN COMPLETED

NAME: _____

Citizenship:

Check a box if you identify as a:

- Canadian citizen
- Permanent resident (as defined by Citizenship and Immigration Canada)
- Other, please specify _____

Newcomer or immigrant:

Check the box below if you identify as a:

- Newcomer or immigrant to Canada

If you checked this box, please indicate the year you immigrated to Canada: _____

Official Languages:

What is your preferred official language?

- English
- French

First Language:

Check one or more of the boxes below indicating the language(s) you first learned and still understand:

- English
- French
- Inuktitut
- Other Aboriginal language (please specify): _____
- Sign language (please specify): _____
- Other languages (please specify): _____

Official-language minority communities:

These are groups of people that share a common language, English or French, distinct from the linguistic majority of the province or territory in which they live, as defined in Section 41 of the Official Languages Act.

Check one of the boxes below if you identify as a:

- Anglophone official-language minority
- Francophone official-language minority

Aboriginal/First Peoples of Canada:

Check one of the boxes below if you identify as:

- First Nations
- Métis
- Inuit

NAME: _____

Ethno-Cultural Origin:

Check only one of the boxes below if you identify as:

- Indigenous person from outside Canada (for example, Maori from New Zealand, Sami from Norway, Quechua from Peru) (please specify): _____
- Person of African, Asian, Middle Eastern, Latin American or mixed racial heritage—Mixed racial heritage means that your heritage includes at least one of the groups named here. (Note that the above corresponds to “**visible minority**,” as defined in the Employment Equity Act of Canada.) (Please specify): _____
- Other (please specify): _____

Disability:

Check the box below if you identify as a person with a disability.

- Please specify: _____

AGREEMENT TO PROVIDE PERSONAL INFORMATION

Consent to share information:

Please check one of the boxes below:

- I consent to the sharing of my information with other government departments, organizations and contractors that the Canada Council for the Arts has a data sharing agreement with.
- I do not consent to the sharing of my information with other government departments, organizations and contractors that the Canada Council for the Arts has a data sharing agreement with.

I have signed on the signature line below to confirm that I agree to the following:

- I have provided the personal information in this form with the understanding that it will be used only for the purposes stated in this form and that the Canada Council requires my written consent before it can use my personal information for any other purpose.
- The information I have provided is true and complete.

Name: _____

Signature: _____ Date: _____

If you complete this form by hand or on a typewriter, your original signature is required (not a photocopy). If you complete this form online, your email address will be accepted as your original signature.

CANADA COUNCIL USE ONLY—ATS contact: _____