



## VOLUNTARY DECLARATION

The Regina Police Service is undertaking an Employment Equity Program to ensure equal representation in the workplace of women, persons of Aboriginal ancestry, persons of visible minorities and people with disabilities. Your response is voluntary and would be kept in the strictest confidence.

<b>FEMALE:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>ABORIGINAL FIRST NATIONS:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>ABORIGINAL METIS:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>VISIBLE ETHNIC:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>DISABILITY:</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>

Persons with disabilities are considered to be persons whose prospects of securing, training and advancing in suitable employment are reduced as a result of a physical or mental impairment. This includes limitations in mobility, speech impairment, hearing impairment or deafness, visual impairment (not included if corrected by visual aids), non-visible physical impairment (epilepsy, hemophilia, back problems), mental impairment (mental illness or disorder, learning disability). This disability has required some form of job accommodation, or will.

If you have a disability, what workplace accommodations could be made to assist you in your work?

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Date: \_\_\_\_\_ Name: \_\_\_\_\_

(Please Print)

SIGMA SURVEY FOR POLICE OFFICERS  
Reporting Number of Writes

<b>Section A – To be completed by applicant</b>			
APPLICANT INFORMATION			
Family Name:		Given Name:	
Maiden Name:	Address:		
City:	Province:		Postal Code:
Home Phone #:	Gender:	Date of Birth:	
Cell Phone #:	Email Address:		

<b>Section B – To be completed by applicant</b>	
APPLICANT PROGRAM BACKGROUND	
(Please enter date of attendance where applicable)	
<b>NOTE:</b> This information is being requested solely for the purpose of tracking program effectiveness.	
Aboriginal Police Preparation Program:	Police Studies:
Aboriginal Summer Student Program:	Recruiting Our Communities:
Aboriginal Youth Training Program:	Treaty Four Citizens' Police Academy:
Mentorship Program (location):	Other:

<b>Section C – To be completed by applicant</b>	
SIGMA EXAMINATIONS	
Have you ever written SIGMA?	If yes, where and when?
Were you successful?	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Section D – To be completed by Police Agency</b>	
SIGMA EXAMINATION	
Date of Exam Submission	
Location Written	
Exam Type (A, B, C)	
Score	
Ethnicity: Female <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Treaty <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Disabled <input type="checkbox"/> Visible Ethnic <input type="checkbox"/> White/Caucasian <input type="checkbox"/>	
If previous Sigma writes are known for the above individual, please indicate the location(s) and date(s) of writing:	

Name of Police Service Reporting: Regina Police Service