

Committee for Harmonized Health Impact, Privacy, and Ethics Review (CHIPER)

Member Profile/ Skills Matrix

Please email completed form back to:

CHIPER@researchmb.ca

Name	
Institution	
Citizenship	

Equity, Diverion, and Inclusion Questions (OPTIONAL)

Select the option you identify with:	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> I identify as _____ <input type="checkbox"/> Prefer not to answer
Do you identify as Indigenous (First Nation North American Indian, Metis, or Inuit)? If "Yes", select the options that you identify with.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Prefer not to answer
Do you identify as a person with a disability?	<p><i>Note: person with a disability is a person who has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and: (i) Who considers themselves to be disadvantaged in employment by reason of that impairment, or (ii) Who believes that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment; and (iii) Includes persons whose functional limitations owing to their impairment may have been accommodated in their current job or workplace.</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer



<p>Do you identify as a member of a visible minority?</p>	<p><i>Note: visible minority refers to whether a person belongs to a visible minority group as defined by the Employment Equity Act and, if so, the visible minority group to which the person belongs. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.”</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>If yes, please specify: <input type="checkbox"/> Prefer not to answer</p>
<p>Do you live outside the Winnipeg Metropolitan Region?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer</p> <p>If yes, please specify: <input type="checkbox"/> Prefer not to answer</p>

Skills & Professional Background

<p>Industry / Specialty (check all that apply)</p>	<p><input type="checkbox"/> Complimentary or Alternative Health Care</p> <p><input type="checkbox"/> Disability/Accessibility Issues</p> <p><input type="checkbox"/> Infectious Diseases</p> <p><input type="checkbox"/> Dentistry/Dental Health</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Clinical Trials</p> <p><input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> General Medicine Clinician</p> <p><input type="checkbox"/> Psychiatrist/Clinical Psychologist</p> <p><input type="checkbox"/> Archivist</p> <p><input type="checkbox"/> Formal Ethicist</p> <p><input type="checkbox"/> Community Member/Layperson/Patient Representative;</p> <p>Profession:</p> <p><input type="checkbox"/> Cannabis Research</p> <p><input type="checkbox"/> Rehabilitation Medicine</p> <p><input type="checkbox"/> Pharmacy/Pharmacology</p> <p><input type="checkbox"/> Pediatrics</p> <p><input type="checkbox"/> Hematology/Oncology</p> <p><input type="checkbox"/> Qualitative Research</p> <p><input type="checkbox"/> Surgeon</p> <p><input type="checkbox"/> Population Health</p> <p><input type="checkbox"/> Lawyer</p>
---	---



**Knowledge of
(check all that apply)**

- Indigenous research perspectives (e.g., OCAP principles, etc.)
- Administrative health data
- The Personal Health Information Act
- Manitoba Centre for Health Policy
- Clinical Datasets
- Transferring data between institutions for research purposes

Please email completed form to: CHIPER@researchmb.ca

