

Sexual Orientation and Gender Identity or Expression Policy

Classification:	Training Centre Policy
Responsible Authority:	Andrew Lowry Title: Training Coordinator
Executive Sponsor:	Andrew Lowry
Approval Authority:	Local 1946 Executive Committee
Date First Approved:	2025-03-05
Date Last Reviewed:	2025-03-05
Date to Complete Mandatory Review:	

PURPOSE

UBC Training Centres are committed to providing a safe, inclusive, and respectful environment for all. This policy upholds the rights and dignity of individuals of all sexual orientations, gender identities, and expressions. It aims to create a learning environment free from discrimination and harassment based on sexual orientation or gender identity.

SCOPE

This policy applies to all UBC Training Centre students, visitors, and participants.

POLICY

Non-Discrimination:

1. UBC Training Centres do not discriminate based on sexual orientation, gender identity, or gender expression in the admission of students, or provision of services.

Respectful Treatment:

1. Everyone, including students, employees, and visitors, is expected to treat others with respect and dignity, regardless of their sexual orientation, gender identity, or gender expression.
2. See Respectfulness Policy

Privacy and Confidentiality:

1. UBC Training Centres respect the privacy and confidentiality of all individuals regarding their sexual orientation, gender identity, or gender expression. Personal information will be handled with the utmost discretion and sensitivity.
2. See FOIPPA Policy

Accommodations:

1. UBC Training Centres are committed to providing reasonable accommodations to individuals based on their gender identity or expression, including using preferred names and pronouns, access to gender-neutral facilities, and other supportive measures.

Training and Awareness:

1. Our students receive training and Education to promote understanding and awareness of sexual orientation and gender identity. This may include workshops, seminars, and resource materials.

PROCEDURE

Action	Responsibility
1. Report the violation Any individual who witnesses or experiences a violation of this policy should promptly report the incident to the Training Coordinator.	Affected individual
2. Initial assessment Upon receiving the report the training coordinator will conduct an initial assessment to gather information about the alleged violation, this may involve interviewing the individuals involved and any witnesses if applicable.	Training Coordinator
3. Investigation If the initial assessment suggests that a violation may have occurred a formal investigation will be initiated. The investigation will be initiated and will be conducted impartially, and fairly respecting the privacy and confidentiality of all parties involved.	Training coordinator
4. Determination of findings Based on the evidence collected during the investigation, a determination will be made regarding whether a violation of the respectfulness policy.	Training Coordinator
5. Decision & Action If it is determined that a violation occurred, appropriate disciplinary action will be taken according to the severity of the offence and in accordance with the disciplinary action policy.	Training Coordinator
6. Appeals Individuals subject to disciplinary action may have the right to appeals process outlined in the disciplinary action policy.	Area Training Manager

RELATED POLICIES

- Accessibility Policy
- Disciplinary Action Policy
- Dispute Resolution Policy
- FIOPPA Policy
- Inclusion Policy
- Respectfulness Policy
- Student dismissal Policy

Sexual Orientation and Gender Identity or Expression Policy Report Form

Information provided on this form will be handled confidentially and shared only with individuals involved in the investigation and resolution process if necessary

Date of report:
Name of Person Reporting :
Phone Number : ()
Email :

Name(s) of individuals involved in the incident:

- 1.
- 2.
- 3.

Description of the event:
Please include a detailed description of the incident including date, time, location, nature of the violation and any witnesses present.

Actions taken (if any) :

Additional information :

I certify that the information provided above is accurate and to the best of my knowledge.

Signature

Date (MM/DD/YYYY)