



# WSIB Scientific Advisory Table application form and cover page

Section 1: Personal information			
Last name		First name	Title
Institution		Faculty/department	Role
Telephone	City	Email	Years of experience
Area of expertise			
Occupational Epidemiology		Toxicology	Occupational Hygiene
Occupational Medicine		Other: _____	

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

Please review the Expression of Interest before completing this form.

At this stage, we request that all applicants use plain language when filling out this application. Ensure all scientific concepts, acronyms, and terms are defined or substituted when possible. Do not forget to provide appropriate context and tangible examples, where applicable. All answers must fit within the text box corresponding to each question.

Your application will be assessed for eligibility and overall Scientific Advisory Table composition. This checklist is designed to help you keep track of your progress to ensure that all required information has been submitted.

Proposal checklist	
Section	Complete
1. Personal information	
2. Applicant qualifications	
3. Applicant overview	
4. Applicant acknowledgement	

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

**Section 2: Applicant qualifications**

Provide a brief biography as it relates to this application, including:

Q.1 Current affiliation(s);

Q.2 Academic background (institution(s), degree(s), year completed, field of study): (CVs are not required at this time)

Q.3 Publications or conference presentations over the past 10 years: (list only the most relevant items; 5 item maximum)

1.

2.

3.

4.

5.

Q.4 Any other relevant experience (e.g., publications, advisory table participation) as it relates to occupational diseases and/or workers compensation system:

**Section 3: Applicant overview**

Q.5 If you have indicated that you are interested in the Chair role, please detail your interest in this role including why you are uniquely qualified to take on these responsibilities.

Briefly tell us why would like to be a member of the WSIB's Scientific Advisory Table and how your experience would be an asset to the Table and the WSIB.

**Section 3: Applicant overview (continued)**

**Section 4: Applicant acknowledgement**

By submitting this application, the undersigned, acknowledges that the statements contained in this application are true, complete and accurate to the best of their knowledge.

**Applicant**

Signature of applicant

Date

**Confidentiality and FIPPA**

I agree that the information submitted in connection with this application may be disclosed by the WSIB in accordance with FIPPA (the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, as amended).

**Conflict of Interest**

I have reviewed the Conflict of Interest section of the Terms of Reference and declare that, to the best of my knowledge at this time, there are no Conflicts of Interest in connection with my applying to be a member of the WSIB's Scientific Advisory Table. I will promptly notify the WSIB in writing if I become aware of a Conflict of Interest at a later time.

**Request for Additional Information**

The WSIB reserves the right to request additional information about this Application at any time during the selection process.