

WSIB Scientific Advisory Table on Occupational Disease
Application form
Cover page

Section 1: Personal Information		
Last name	First name	Title
Institution	Faculty/department	Role
Telephone	City	Email
Area of expertise (Check all that apply) <input type="checkbox"/> Occupational Epidemiology <input type="checkbox"/> Toxicology <input type="checkbox"/> Occupational Hygiene <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Other:		Years of Experience

Application form instructions

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 on Occupational Disease composition. This checklist is designed to help you keep track of your progress to ensure that all required information has been submitted.

Application checklist	
Section	Complete
1. Personal Information	<input type="checkbox"/>
2. Applicant qualifications	<input type="checkbox"/>
3. Applicant overview	<input type="checkbox"/>
4. Applicant Acknowledgement	<input type="checkbox"/>

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

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

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 on Occupational Disease. 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.