

14A. DESCRIPTION OF WORKSAFEBC PARTICIPATION - IF APPLICABLE

Note: Sections 14A and 14B are not to exceed 2 pages. This section is only applicable if WorkSafeBC will have an active role in the project (e.g., by providing facilities, WorkSafeBC data, or through another form of direct participation).

- If applicable, describe in detail how WorkSafeBC will actively participate in project
- Describe in detail what data you will need and for what purpose.

14B. WORKSAFEBC SIGNATORIES - IF APPLICABLE

We, the undersigned, have reviewed this application and acknowledge the participation of WorkSafeBC in the proposed research project as described in item 14A above.

WorkSafeBC Official (Director or Executive Director)

Signature Date

Typewritten Name Title

WorkSafeBC Official (Vice-President)

Signature Date

Typewritten Name Title

↙
Does NOT apply if you are only accessing data through the BC Linked Health Database.