Choose Discipline Tribunal

**File No.:** Insert No.

Choose College

**College**

- and -

[First name(s)] [Last name]

**Registrant**

REQUEST TO PARTICIPATE

Before completing this form, please review the Practice Direction on Requests to Participate.

[Enter name of requestor] asks to participate in this proceeding.

The request is made under Tribunal Rule 5 and s. 41.1 of the Health Professions Procedural Code.

The requestor asks to participate because **[identify all that apply]**:

[ ]  the requestor’s good character, propriety of conduct or competence is an issue.

[ ]  the requestor’s participation may assist the panel.

The requestor asks to **[identify all that apply]**:

[ ]  make written submissions on: **[describe the issue(s) briefly]**

|  |
| --- |
|  |

[ ]  make oral submissions on: **[describe the issue(s) briefly]**

|  |
| --- |
|  |

[ ]  provide evidence on: **[describe the evidence sought to be provided]**

|  |
| --- |
|  |

[ ]  cross-examine witnesses: **[indicate which witnesses]**

|  |
| --- |
|  |

Please explain why the request should be granted, including how the proceeding may affect the requestor’s rights and interests (if applicable), how the requestor’s participation would help the panel, why the request falls under one of the categories in s 41.1 and the proposed scope of the participation.

|  |
| --- |
| **[Explain why or how the proceeding may affect your rights or interests.]** |

**The following evidence is attached in support of the request:**

**Date:** Enter a date.

Enter Name, address, email and phone number of representative or party filing document.

**TO:** Enter names of parties and their representatives, if applicable.