

NOTICE OF APPEAL TO THE BOARD
(RE: REGISTRATION DECISION OF THE REGISTRAR)

Applicant Name: _____

Regarding a decision of The MCSW Registrar, dated: _____

Applicant's contact information:

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

What are your reasons for appeal? (Attach a separate sheet if necessary)

Do you intend to submit any additional documents for consideration by the Appeals Panel?

Yes No

* The applicant is entitled to appear, with or without counsel, and make representations to the Appeals Panel at the hearing. If the applicant chooses not to attend the hearing, the hearing will proceed based on the applicant's written submissions and a decision will be rendered by the Registration Appeals Panel.

Do you intend to attend the appeal hearing in person to make oral representations to the Appeals Panel?

Yes No Unknown

Do you intend to be represented by legal counsel?

Yes No Unknown

If yes, name and contact information of legal counsel:

Name of Legal Counsel: _____

Name of Legal Firm: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Date

_ Signature of Applicant (original required)