

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1  
Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898  
Website: [www.wcat.bc.ca](http://www.wcat.bc.ca) Email Address for Filing Documents: [appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)

**To participate in the section 311 application you must sign and return this completed form to WCAT within 14 days of our invitation letter.**  
If we do not receive a response from you by this date, the application will proceed without your participation.  
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

## 1. THE APPLICATION BEFORE WCAT

Name of Legal Action

Court Registry and Registration #

WCAT Reference No.(s)

Date of Event (YYYY-MM-DD)

## 2. WILL YOU BE PARTICIPATING IN THE APPLICATION?

If you participate, you will receive a copy of submissions and documents concerning this application and relevant claim information. You will be invited to make a written submission or attend an oral hearing if one is held. If you decide not to participate, WCAT will send you only a copy of our final decision on the application.

Yes, I will participate.  No, I do not want to participate.

## 3. INFORMATION ABOUT YOU

**You must tell us about any changes in this information, or the application may proceed without your participation.**

Name (Company/Organization/Individual)

Contact Person and Title/Position (if relevant)

WorkSafeBC File/Firm # (if known)

The purpose of this question is to clarify our understanding about the background of the people appearing before WCAT as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC).

Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?

Yes  Other, please explain: \_\_\_\_\_  
 No  I choose not to answer this question

Mailing Address

City/Town

Province

Postal Code

Telephone (Daytime)

extension:

Telephone (Other)

extension:

Fax Number

## 4. REPRESENTATION

**You may appoint one person or an organization to represent you or choose to represent yourself.**

Will you be representing yourself?

Yes (go to next section)

No (please choose one of the following):

I want to appoint an organization as my representative.

Name of Organization

Contact Person and Title/Position (if relevant)

I want to appoint one person to represent me.

Name

Relationship (eg. family member/friend)

Mailing Address

City/Town

Province

Postal Code

Telephone (Daytime)

extension:

Telephone (Other)

extension:

Fax Number

An *Authorization of Representative* form can be found on our website ([www.wcat.bc.ca](http://www.wcat.bc.ca)).

**For representative:**  An authorization less than 2 years old is enclosed.

## 5. CERTIFICATION AND AUTHORIZATION

**If you are filing your application by email ([appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)), complete section a).  
If you are filing your application by facsimile or Canada Post, complete section b).**

a) **For submitting your application by email:**

I, \_\_\_\_\_, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:

I confirm the information on this form is correct and complete. I authorize disclosure of information relating to this section 311 application to my representative named above and to the other parties to this application for the purposes of this application and as allowed under section 314 of the *Workers Compensation Act*.

**b) For submitting your application by facsimile or Canada Post: the form must be signed.**

I confirm the information on this form is correct and complete. I authorize disclosure of information relating to this section 311 application to my representative named above and to the other parties to this application for the purposes of this application and as allowed under section 314 of the *Workers Compensation Act*.

**Signature of Participant or Authorized Representative:**

**Date Signed: (YYYY-MM-DD)**

**X**

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form. Email is not a secure medium. Any message or attachment you send by email could be intercepted and read by someone else, and you accept the risk of access to personal information by unauthorized persons during transmission. WCAT accepts no responsibility for messages or attachments sent by email until they are received by WCAT. You are responsible for the security of information you are sending. You must assess its sensitivity and decide whether email is a secure enough method of communication.