## NOTICE OF PARTICIPATION

## WCAT Workers' Compensation Appeal Tribunal

Non-Compensation Decision (Occupational Health and Safety)

Non-Respondent participants

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1

Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898

Website: <a href="mailto:www.wcat.bc.ca">www.wcat.bc.ca</a> Email Address for Filing Documents: <a href="mailto:appeals@wcat.bc.ca">appeals@wcat.bc.ca</a> Last revised: June 2020

IMPORTANT: To participate you must sign and return this form to WCAT within 14 days of our invitation letter.					
If we do not receive a response from you within this timeframe, the appeal 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.					
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1. IDENTIFY THE APPEAL					
The appeal was started by (appellant's name)	ppeal was started by (appellant's name)		WCAT No.(s) e.g. A1809999		
e of decision appealed (YYYY-MM-DD)   WorkSafeBC File/Firm #(s)		n #(s) Review	Review Division Reference#(s) (if applicable)		
2. WILL YOU BE PARTICIPATING IN THE APPEAL?					
If you participate, you will be sent a copy of any written submissions and new evidence. You will have an opportunity to provide written submissions and evidence and we will invite you to attend an oral hearing if one is held.					
□ 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 appeal may proceed without your participation.					
□ I am the Worker Representative on Inspection Report □ I am on the employer's Joint Health and Safety Committee □ I am the Worker Representative on the employer's Safety Committee					
Your Name	Your Job Title		Employer Name		
Employer Mailing Address City/		City/Town	Prov. Postal Code		
Your Work Telephone	Your Work Fax Nu	mber	Your Personal Telephone		
Ext:					
Email address where WCAT can send appeal- related email:  WCAT may communicate with you by encrypted email. WCAT will only send email related to appeals or applications. If you <b>do not</b> want WCAT to communicate with you by email, check this box:					
NOTE: WCAT supplies professional interpreters. Family or friends may not interpret for you. If an oral hearing is held, do you need an interpreter?					
☐ No ☐ Yes, the language I speak is	Yes, the language I speak is Dialect:				
4. CERTIFICATION AND AUTHORIZATION If you are filing your application by email (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					
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 will notify WCAT if I change my contact information. I understand that WCAT must be able to contact me or the appeal will proceed without my participation.					
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 will notify WCAT if I change my contact information. I understand that WCAT must be able to contact me or the appeal will proceed without my participation.					
Signature of Participant: Date Signed: (YYY				M-DD)	
X					

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