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Website: [www.wcat.bc.ca](http://www.wcat.bc.ca) Email Address for Filing Documents: [appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)

**IMPORTANT: Read the *Post-Decision Guide* before completing this form.** Use this form to apply to WCAT Tribunal Counsel Office for reconsideration of a WCAT decision. WCAT decisions are "final and conclusive" but we can reconsider our decisions on two limited grounds: new evidence not previously available or discovered; and a jurisdictional defect (error). Complete a separate application form for each WCAT decision you want us to reconsider. You may apply for reconsideration on each ground once only. If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

### 1. INFORMATION ABOUT THE DECISION YOU WANT WCAT TO RECONSIDER

WCAT Decision Number (if applicable) (e.g. WCAT-2015-99999)	Date of WCAT Decision (YYYY-MM-DD)
WCAT Appeal No.(s) (e.g. A1509999 or 999999-A)	WorkSafeBC Claim Number (if applicable)

### 2. INFORMATION ABOUT YOU (APPLICANT)

To keep your application active, you must tell us about changes in this information.

<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the employer <input type="checkbox"/> I am the dependant of a deceased worker <input type="checkbox"/> I am other: _____				
Name of your Organization (if applicable)		Job Title of Contact Person named below		
My Last Name		My First Name		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer this question				
Mailing Address				
City/Town			Province	Postal Code
Telephone (Daytime) extension: _____		Telephone (Other) extension: _____		Fax Number

### 3. REPRESENTATION

You may appoint one person or an organization to represent you or choose to represent yourself. Please indicate your choice below.

Will you be representing yourself? <input type="checkbox"/> Yes (go to next section) <input type="checkbox"/> No (choose one of the following):				
<input type="checkbox"/> I want to appoint an organization as my representative		Name of Organization		
<input type="checkbox"/> I want to appoint one person to represent me		Relationship to person (e.g. family member/friend)		
Last Name of Representative/Organization Contact		First Name of Representative/Organization Contact		
Mailing Address		City/Town	Province	Postal Code
Telephone (Daytime) extension: _____		Telephone (Other) extension: _____		Fax Number

This form must be signed by the applicant or an authorized representative. If signed by an authorized representative we need an authorization less than 2 years old signed by the applicant. 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.

Worker Last Name (if applicable) \_\_\_\_\_

WorkSafeBC Claim Number (if applicable) \_\_\_\_\_

Date of WCAT Decision \_\_\_\_\_

WCAT Decision Number (if applicable) \_\_\_\_\_

Employer/Firm Name (if applicable) \_\_\_\_\_

WCAT Appeal No. (s) \_\_\_\_\_

**4. REASONS FOR RECONSIDERATION**

You must explain the specific grounds for reconsideration.  
Please attach an additional page(s) if necessary.

**A. New Evidence Not Previously Available** (if applicable)

I have attached the new evidence.

For each piece of new evidence, complete either (i) or (ii), and complete (iii).

i) Did not exist – I have the following new evidence that did not exist before my WCAT decision:

ii) Existed but not found: the following new evidence **did exist** before my WCAT decision but I did not submit it to WCAT because I did not know about it, and I could not have found it if I tried. (List the evidence and explain why you were not able to find it.)

iii) **New Evidence Substantial and Material:** for each piece of new evidence, explain why the new evidence is **substantial** to the decision (has weight and supports a different conclusion) and how it is **material** (relevant) to the decision.

The new evidence is substantial because:

The new evidence is material because:

**B. Jurisdictional Defect (Error)** (if applicable)

The decision contains the following jurisdictional error(s). The *Post-Decision Guide* gives examples of jurisdictional errors.

i) The procedure at WCAT was unfair because:

ii) There was a jurisdictional error because WCAT  (a) decided a matter that it had no power to decide, or  (b) failed to decide a matter that it was required to decide. Please explain.

Worker Last Name (if applicable) \_\_\_\_\_

WorkSafeBC Claim Number (if applicable) \_\_\_\_\_

Date of WCAT Decision \_\_\_\_\_

WCAT Decision Number (if applicable) \_\_\_\_\_

Employer/Firm Name (if applicable) \_\_\_\_\_

WCAT Appeal No. (s) \_\_\_\_\_

**5. 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 this form by email:**  
I, \_\_\_\_\_, understand that checking this box constitutes a legal signature confirming that the information on this form is correct and complete.  
I confirm the information on this form is correct and complete. I will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my reconsideration application active. I authorize my representative named above to act on my behalf in this reconsideration.  
**For workers:** I authorize disclosure of my WorkSafeBC file(s) and information relating to this reconsideration application to WCAT, my representative, and other authorized parties to this reconsideration for the purposes of this reconsideration and as allowed under section 314 of the *Workers Compensation Act*. I also authorize WCAT to obtain or view from any source a copy of my employment or medical records or any other documents that may relate to the reconsideration application.

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 address or phone number. I understand that WCAT must have my current address to keep my appeal active. I authorize my representative named above to act on my behalf in this appeal.  
**For workers:** I authorize disclosure of my WorkSafeBC file(s) and information relating to this reconsideration application to WCAT, my representative, and other authorized parties to this reconsideration for the purposes of this reconsideration and as allowed under section 314 of the *Workers Compensation Act*. I also authorize WCAT to obtain or view from any source a copy of my employment or medical records or any other documents that may relate to the reconsideration application.

**Signature of Appellant or Authorized Representative:** \_\_\_\_\_ **Date Signed: (YYYY-MM-DD)** \_\_\_\_\_

**X**

**6. DISCLOSURE**

Your copy of the WorkSafeBC file.

You will receive an email notification when your WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. WCAT will use your email address only for the purpose of disclosure of your WorkSafeBC file. We will provide your email address to WorkSafeBC for that purpose. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.

Email address for applicant: \_\_\_\_\_

Email address for representative: \_\_\_\_\_

No access to email Please check (✓) the box if you are a worker without email access.  
If you select this box, your claim file will be delivered by Canada Post.

**7. FORM CHECK-LIST**

Number of additional pages attached? \_\_\_\_\_

Did you attach any additional documentary evidence? (if applicable)

Did you answer all of the questions? Call us if you need help filling out this form.

Have you signed in Box 5 above?

Did you provide your email address in Box 6 for the purpose of disclosure?

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 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.