

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

***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. There is no time limit for applying for reconsideration. You may apply for reconsideration on each ground once only.

1. INFORMATION ABOUT THE DECISION YOU WANT WCAT TO RECONSIDER

WCAT Decision Number (if applicable)	Date of WCAT Decision (YYYY-MM-DD)
WCAT Appeal No.(s)	WorkSafeBC Claim Number

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	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.	
Mailing Address			
City/Town		Province	Postal Code
Telephone (Daytime) ()	Telephone (Other) ()	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	
		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.	
Mailing Address		City	Province
		Postal Code	
Telephone (Daytime) ()	Telephone (Other) ()	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).

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

4. REASONS FOR RECONSIDERATION

A. Jurisdictional Defect (Error) (if applicable)

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

i) There was a jurisdictional error because:

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 No. (s) _____

ii) The procedure at WCAT was unfair because:

B. New Evidence Not Previously Available (if applicable)
For each piece of new evidence, complete either (i) or (ii), and complete (iii). I have attached the new evidence.

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:

The new evidence is material because:

5. CERTIFICATION AND AUTHORIZATION

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 parties to this reconsideration for the purposes of this reconsideration and as allowed under section 260 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 X	Date Signed: (YYYY-MM-DD)
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6. 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 keep a copy of your fax confirmation sheet if you are faxing in this application?

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 information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form.