

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)

**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.

### 1. IDENTIFY THE APPEAL

The appeal was started by (appellant's name):		WCAT No.(s) e.g. A1809999
Date of decision appealed (YYYY-MM-DD)	WorkSafeBC File/Firm #(s)	Review Division Reference#(s) (if applicable)

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

If you participate, you will be sent a copy of the WorkSafeBC file concerning the appeal and 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. If you decide not to participate, WCAT will send you only a copy of our final decision on the appeal.

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

### 3. DISCLOSURE Your copy of the WorkSafeBC file.

You will receive an email notification when the 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 the 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 the claim file is available online.

Your email address:

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.

### 4. INFORMATION ABOUT YOU (RESPONDENT) You must tell us about any changes in this information, or the appeal may proceed without your participation.

I am the employer     I am the worker     I am the dependant of a deceased worker     I am other: \_\_\_\_\_

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

Name (Company/Organization/Individual)		Contact Person and Title/Position (if relevant)		
Mailing Address		City/Town	Province	Postal Code
Telephone (daytime)	Telephone (other)	Fax Number		
extension:	extension:			

**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 \_\_\_\_\_    Dialect: \_\_\_\_\_

<b>5. REPRESENTATION</b>				
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 (please choose one of the following):				
<input type="checkbox"/> I want to appoint an organization as my representative	Name of Organization		Contact Person and Title/position (if relevant)	
<input type="checkbox"/> I want to appoint one person to represent me	Name		Relationship (e.g. family member/friend)	
Mailing Address		City/Town	Province	Postal Code
Telephone (daytime) extension:	Telephone (other) extension:		Fax Number	
An <i>Authorization of Representative</i> form can be found on our website ( <a href="http://www.wcat.bc.ca">www.wcat.bc.ca</a> )				
<b>For representative:</b> An authorization less than 2 years old <input type="checkbox"/> is enclosed. <input type="checkbox"/> is on the WorkSafeBC file.				

<b>6. CERTIFICATION AND AUTHORIZATION</b>		If you are filing your application by email ( <a href="mailto:appeals@wcat.bc.ca">appeals@wcat.bc.ca</a> ), complete section a). If you are filing your application by facsimile or Canada Post, complete section b).		
<input type="checkbox"/>	<b>a) For submitting your application by email:</b> 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 address or phone number. I understand that WCAT must have my current address or the appeal will proceed without my participation. I authorize my representative named above to act on my behalf in this appeal. <b>For workers:</b> I authorize disclosure of my WorkSafeBC file(s) and information relating to this appeal to WCAT, my representative, and other parties to this for the purposes of this appeal and as allowed under section 314 of the <i>Workers Compensation Act</i> . I also authorize WCAT to obtain or view from any source a copy of my medical or employment records that may relate to this appeal or the decision(s) being appealed.			
<input type="checkbox"/>	<b>b) For submitting your application by facsimile or Canada Post: the form must be signed.</b> 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 or the appeal will proceed without my participation. I authorize my representative named above to act on my behalf in this appeal. <b>For workers:</b> I authorize disclosure of my WorkSafeBC file(s) and information relating to this appeal to WCAT, my representative, and other parties to this for the purposes of this appeal and as allowed under section 314 of the <i>Workers Compensation Act</i> . I also authorize WCAT to obtain or view from any source a copy of my medical or employment records that may relate to this appeal or the decision(s) being appealed.			
<b>Signature of Respondent or Authorized Representative:</b>		<b>Date Signed: (YYYY-MM-DD)</b>		
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 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.