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Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898 Website: www.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 by this date, the appeal will proceed without your participation.

1. IDENTIFY THE APPEAL

The appeal was started by (appellants name):		WCAT No.(s)
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. WorkSafeBC DISCLOSURE

Your copy of the WorkSafeBC file will be sent in CD format unless you request a paper copy.

CD COPY PAPER COPY

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 _____

Name (Company/Organization/Individual)		Contact Person and Title/position (if relevant)	
Mailing address	City/Town	Province	Postal code
Telephone (daytime) ()	Telephone (other) ()	Fax Number ()	

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 _____

5. 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? Yes (go to next section) 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)	<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
Mailing address	City/Town	Province	Postal code
Telephone (daytime) ()	Telephone (other) ()	Fax Number ()	

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 is on the WorkSafeBC file

6. 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 or the appeal will proceed without my participation. 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 appeal to WCAT, my representative, and other parties to this for the purposes of this appeal and as allowed under section 260 of the Workers' Compensation Act. I also authorize WCAT to obtain or view a copy of my medical and employment records from any source, including physicians, health practitioners, medical insurers, hospitals and employers.

Signature of respondent or authorized representative X	Date Signed (YYYY-MM-DD)
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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.