

Notice of Appeal – Review Division Compensation Decision

Last revised January 2021

This form will be your formal notice of appeal. Submit it within **30 days** of your Review Division decision. If it's been more than 30 days, also submit a Request for an Extension of Time (wcat.bc.ca/home/forms).
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

What would you like to appeal?		
Tell us about your Review Division decision. If you don't have a Review Division decision, please visit wcat.bc.ca to find out what you need to do before you can start an appeal.		
Review Division decision date (YYYY-MM-DD)	Review Division decision number (e.g. R0123456)	WorkSafeBC Claim Number(s) (e.g. 123456789)
If you have additional Review Division decision numbers, write them here:		

Tell us about yourself	WCAT needs some information about the appellant (the person starting the appeal) in order to get the appeal registered.
<input type="checkbox"/> I am the worker <input type="checkbox"/> I am the dependant of a deceased worker <input type="checkbox"/> I am the employer	
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	

Last Name		First Name	
Email address for correspondence		WCAT will send all correspondence related to your appeal(s)/application(s) to this email address.	
<input type="checkbox"/> Do not send me email If you do not want WCAT to communicate with you by email, check this box. WCAT will use your email address only for the purposes of disclosure of the WorkSafeBC claim file. We will provide your email address to WorkSafeBC for that purpose. You will receive notification when the WorkSafeBC claim file is available for downloading from the WorkSafeBC online portal. 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 disclosure (if different from above):		If you want to receive disclosure notification at a different email address, provide it here.	
<input type="checkbox"/> No access to email Please check (✓) this box only if you are a worker without email access, and your claim file disclosure will be delivered by Canada Post.			
Employer business/firm name (if applicable)		Job title of contact person named above (if applicable)	
Mailing Address		City/Town	Province Postal Code
Telephone (Daytime)	Telephone (Other)	Fax Number	
extension:	extension:		

Reason for appeal	Briefly tell us why the decision is wrong for each Review Division decision number you wish to appeal. You can provide more details later.
The decision is wrong or should be changed because:	

Change requested from appeal	Briefly tell us about the change you would like for each Review Division decision number you wish to appeal. You will have a change to provide details later.
If my appeal is successful, this is what I would like to have happen:	

Method of appeal	WCAT will decide how your appeal will proceed. Please indicate your preference below.		
<input type="checkbox"/> In writing (through written submissions)		<input type="checkbox"/> Verbally (by oral hearing)	
If requesting an oral hearing, tell us why an oral hearing is necessary:			
If an oral hearing is held, do you need an interpreter? WCAT provides professional interpreters for oral hearings. Family and friends may not interpret for you.			
<input type="checkbox"/> No <input type="checkbox"/> Yes, the language (and dialect) I speak is _____			
Representation	You may appoint a firm or a friend/family member to represent you or choose to represent yourself.		
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 have a professional representative		<input type="checkbox"/> I have a friend/family member representing me	
Name of Organization		Relationship to Person (e.g. family member or friend)	
Representative's Last Name		Representative's First Name	
Representative's mailing address		City/Town	Province Postal Code
Telephone (Daytime)	Telephone (Other)	Fax Number	
extension:	extension:		
Email address for correspondence	WCAT will send all correspondence related to the appeal(s)/application(s) to this email. Your representative will also receive notification when the WorkSafeBC claim file is available for downloading from the WorkSafeBC online portal. We will provide their 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.		
Email address for disclosure (if different from above)	If your representative wants to receive disclosure notification at a different email address, provide it here.		
<input type="checkbox"/> Do not send my representative email	If your representative does not want WCAT to communicate with them by email, check (✓) this box. WCAT will use their email address only for the purposes of disclosure of the WorkSafeBC claim file. We will provide their email address to WorkSafeBC for that purpose.		
This form must be signed by the appellant or an authorized representative . If signed by an authorized representative we need an authorization less than 2 years old signed by the appellant. An <i>Authorization of Representative</i> form can be found on our website (www.wcat.bc.ca).			
That authorization	<input type="checkbox"/> is enclosed.		<input type="checkbox"/> is on the WorkSafeBC file.

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 appeal active. I authorize my representative named above to act on my behalf in this appeal.		
For workers: I authorize disclosure of my claim file(s) and information relating to this appeal to WCAT, my representative, and other parties to this appeal 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 employment or medical records or any other documents that may relate to the this appeal or the decision(s) being appealed.		
Name of Appellant or Authorized Representative (please print)	Signature X	Date Signed (YYYY-MM-DD)

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 at the top of this form. Unencrypted email is not a secure medium. Any message or attachment you send by unencrypted 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.