

Notice of Participation – Relief of Costs – Interested Party

Last revised March 2021

This form will be your formal notice of participation in an appeal. Submit it within **14 days** of our invitation letter. If we don't receive a response from you within 14 days, the appeal will proceed without your participation.
If you are printing this blank document and filling it by hand, please print clearly using black or blue ink and mail it to the address above.

What appeal have you been invited to participate in?

WCAT appeal/application number (e.g. A2109999)	The appeal was started by:	Date of decision being appealed/reconsidered
Additional information about the appeal/application (i.e Review Division decision number, WorkSafeBC claim or employer account number, WCAT appeal number of the decision being reconsidered, etc.)		

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 not send you any further information regarding this appeal.

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

Tell us about yourself (Interested Party)

You must tell WCAT about any changes in this information, or the appeal may proceed without your participation.

I am the worker I am other (please explain): _____

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

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.			
Mailing Address		City/Town	Province Postal Code
Telephone (Daytime)	Telephone (Other)	Fax Number	
extension:	extension:		
If an oral hearing is held, do you need an interpreter? WCAT supplies professional interpreters. Family or friends may not interpret for you.			
<input type="checkbox"/> No <input type="checkbox"/> Yes, the language (and dialect) I speak is _____			

Notice of Participation – Relief of Costs – Interested Party

Last revised March 2021

Appeal Number: _____

Representation				You may appoint a professional representative 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 Interested Party (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 interested party 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		
<p>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/application will proceed without my participation. I authorize my representative named above to act on my behalf in this appeal.</p> <p>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/application or the decision(s) being appealed/reconsidered.</p> <p>Name of Interested Party or Authorized Representative (please print) Signature Date Signed (YYYY-MM-DD)</p> <p style="text-align: center;">X</p>		

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.