

Application for a Reconsideration of a WCAT decision

Revised February 2022

Learn about a reconsideration before completing this form: [WCAT.BC.CA](http://wcat.bc.ca) > APPEAL A DECISION > GET A FINAL DECISION.  
**This form will be submitted to the WCAT Tribunal Counsel Office for preliminary review.** WCAT decisions are "final and conclusive" but we can reconsider our decisions on two limited grounds: a) new evidence not previously available or discovered; and b) a jurisdictional defect (error). Complete a separate application for each WCAT decision you want us to reconsider. You may apply for reconsideration on each ground (new evidence or jurisdictional defect) only once. When filling out this form, please print clearly using black or blue ink and mail it to the address above.

<b>What WCAT Decision do you want us to reconsider?</b>	
WCAT Appeal number (e.g. A1609999)	WCAT decision date (YYYY-MM-DD)
WCAT decision number (if decided before June 2016, e.g. WCAT-2015-9999)	WorkSafeBC claim number or employer account number

<b>Tell us about yourself</b>			
<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 (fill out this entire row)	Business/firm name	WorkSafeBC employer account number	Job title or position of employer contact
Last Name		First Name	
Your Pronouns	<input type="checkbox"/> They /Them/Theirs	<input type="checkbox"/> She /Her/Hers	<input type="checkbox"/> He /Him/His
	<input type="checkbox"/> Pronouns not listed. Please tell us your pronouns: _____		Your pronouns will help us address you respectfully during the application process
Email address for correspondence		Provide an email address if you want WCAT to send you all letters and decisions about your appeals and applications by email instead of mail.	<input type="checkbox"/> I prefer mail If you <b>do not</b> want WCAT to communicate with you by email, check this box.
Mailing Address		City/Town	Province/State
		Postal/ZIP Code	
Country	Telephone (Daytime)	Telephone (Other)	Fax Number

Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?

If you self-identify, you can work with a WCAT Navigator to tell your story. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected. This service is part of implementing the Truth and Reconciliation Commission's Calls to Action.

Yes  Other, please explain: \_\_\_\_\_

No  I choose not to answer this question

<b>Representation</b>			
You may appoint a person or an organization (with or without a specific contact) to represent you, or you may 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	Name of Organization	<input type="checkbox"/> I have a friend/family member representing me	Relationship to Applicant (e.g. family member or friend)
Representative's Last Name		Representative's First Name	
Representative's Pronouns	<input type="checkbox"/> They /Them/Theirs	<input type="checkbox"/> She /Her/Hers	<input type="checkbox"/> He /Him/His
	<input type="checkbox"/> I don't know		<input type="checkbox"/> Pronouns not listed. Please tell us the pronouns: _____
Email address for correspondence		Provide an email address if you want WCAT to send you all letters and decisions about your appeals by email.	<input type="checkbox"/> My representative prefers mail If your representative <b>does not</b> want WCAT to communicate with them by email, check this box.
Representative's mailing address		City/Town	Province/state
		Postal/ZIP Code	
Country	Telephone (Daytime)	Telephone (Other)	Fax Number

<b>Reasons for reconsideration</b>	You must explain the specific grounds (reasons) for reconsideration. Please fill in A. New Evidence Not Previously Available, B. Jurisdictional Defect (Error), or both (if applicable).
<b>A. New evidence not previously available</b>	
For each piece of new evidence, complete <b>either (i) or (ii)</b> , and <b>complete (iii)</b> . <b>Please include a copy of your new evidence when sending this form to WCAT</b>	
(i)	New evidence that did not exist. I have the following new evidence that did not exist before my WCAT decision:
(ii)	Evidence existed but was not found (list the evidence and explain why you were not able to find it). The following new evidence did exist before my WCAT decision, but I did not submit it because I did not know about it and I could not have found it if I tried:
(iii)	New evidence substantial and material. For each piece of new evidence, explain why the new evidence is <b>substantial</b> to the decision (has weight and supports a different conclusion than the WCAT panel) and how it is <b>material</b> (relevant) to the decision.  The new evidence is substantial because:    The new evidence is material because:
<b>B. Jurisdictional Defect (Error)</b>	
The decision contains the following jurisdictional errors	
(i)	The procedure at WCAT was unfair because:
(ii)	There was a jurisdictional error because:  <input type="checkbox"/> WCAT decided a matter that it had no power to decide <input type="checkbox"/> WCAT failed to decide a matter it was required to decide Please explain.

<b>CERTIFICATION AND AUTHORIZATION</b>		
This form must be signed by the <b>applicant</b> or an <b>authorized representative</b> . 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 at WCAT.BC.CA > FORMS		
That authorization <input type="checkbox"/> is enclosed <input type="checkbox"/> is on the WorkSafeBC file <input type="checkbox"/> is provided by this form (the appellant must sign the form below)		
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. <b>I authorize my representative named above to act on my behalf in this appeal.</b>		
Full name (please print)	Signature <b>X</b>	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.