

Notice of Participation

Revised February 2022

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.
When filling out this form, please print clearly using black or blue ink and mail it to the address above.

What appeal or application have you been invited to participate in?

WCAT appeal/application number (e.g. A2109999)	The appeal/application was started by:	Date of decision being appealed/reconsidered
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Is this a compensation claim appeal? Compensation claim appeals relate to a worker's claim with WorkSafeBC. They are different from prohibited action, assessment, or occupational health & safety appeals, which relate to an employer's account or actions.

Yes **No**

Additional information about the appeal/application (Review Reference 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 receive a copy of the WorkSafeBC file related to the appeal or application as well as any documents or evidence WCAT has received for the appeal. You will have a chance to provide written submissions and evidence and WCAT 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 the final decision for the appeal or application.

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

Tell us about yourself

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

I am the worker I am the dependant of a deceased worker I am an independent operator

I am the employer I am a supplier I represent the union I am the owner

Business/firm name	WorksafeBC employer account number	Job title or position of business/firm contact	If you are the employer or part of a business/firm, fill in this row.
Last name			

First name

Your Pronouns They /Them/Theirs She /Her/Hers He /Him/His Pronouns not listed. Please tell us your pronouns: _____

Your pronouns will help us address you respectfully during the appeal process

Your email address will be used in two ways:

- by WCAT to correspond with you about your appeals(s) or applications.
- by WorkSafeBC to let you know when the claim file disclosure can be downloaded. WorkSafeBC needs your email address so that they can notify you when the claim file is ready to download from the WorkSafeBC online portal. If you have a representative, they will be notified instead. Videos, photographs, and audio statements will be delivered by mail on a DVD up to two weeks after the claim file is available online.

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.	Email address for disclosure (if different):	If you want to receive disclosure notification at a different email address, provide it here.
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I prefer mail If you **do not** want WCAT to communicate with you by email, check this box. WorkSafeBC will only use your email address to let you know the claim file is ready to be downloaded from their online portal.

I want to receive disclosure by mail **If you are a worker** and you cannot receive notifications about the claim file by email, check this box to receive the claim file in the mail.

Mailing Address	City/Town	Province/State	Postal/ZIP Code
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Country	Telephone (Daytime)	Telephone (Other)	Fax Number
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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

If an oral hearing is held, do you need an interpreter? WCAT supplies professional interpreters. Family or friends may not interpret for you.

No Yes, the language (and dialect) I speak is _____

Representation				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 respondent (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: _____		These pronouns will help us address your representative respectfully during the appeal process.	
Representative's mailing address			City/Town		Province/state		Postal/ZIP Code
Country		Telephone (Daytime)		Telephone (Other)		Fax Number	
<p>Your representative's email address will be used in two ways:</p> <ul style="list-style-type: none"> by WCAT to correspond with them about the appeals(s) or applications. by WorkSafeBC to let them know when the claim file disclosure can be downloaded. WCAT will share this email address with WorkSafeBC, and WorkSafeBC will only use it to send your representative an email when the claim file disclosure is ready to download from your WorkSafeBC <p>Representatives must provide an email address for receiving notification of claim file disclosure. For more information, please see the WorkSafeBC website or call them at their Claims Call Centre at 1.888.967.5377 or 604.231.8888.</p>							
Email address for correspondence		WCAT will send correspondence to your representative at this email address instead of by mail		Email address for disclosure (if different)		If your representative wants to receive disclosure notification at a different email address, provide it here.	
<input type="checkbox"/> My representative prefers mail		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.					
<p>This form must be signed by the respondent 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 at WCAT.BC.CA > FORMS.</p> <p>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)</p>							
Workers' Advisers Office only:				Workers' adviser name:			
If a workers' adviser providing advice & assistance only is submitting this form, please print the advisers' name here.							

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>		
Full name (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.