

Notice of Participation – Certification to Court

Revised June 2022

To participate in the section 311 application you must sign and return this completed form to WCAT within 14 days of our invitation letter.
If we do not receive a response from you by this date, the application 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.

The application before WCAT

Name of Court Action

Court Registry and Registration #

WCAT Reference No.(s)

Date of Event (YYYY-MM-DD)

Information about the respondent(s)

To keep your application active you must tell us if this information changes. If you are filling out this form on behalf of more than one applicant with the same representative, please attach an appendix.

Respondent Name

Role in the Court Action (e.g. Plaintiff, Defendant, Third Party etc.)

Your Pronouns They/Them She /Her He/Him Pronouns not listed: _____

Your pronouns and title will help us address you respectfully during the application process.

Your Title Mx. Ms. Mrs. Mr. Dr. Title not listed: _____

Mailing Address

City/Town

Province/State

Postal/ZIP Code

Country

Telephone (Daytime)

Telephone (Other)

Fax Number

If you are an individual

Date of Birth (YYYY-MM-DD)

Care Card # or WorkSafeBC Claim #, if filed

If you are a contact for a firm:

WorkSafeBC Employer Account #, if known

Information about the representative

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? Yes (go to next section) No (please choose one of the following):

I want to appoint a firm as my representative.

Name of Firm

Title/Position (if relevant)

I want to appoint an individual without a firm to represent me

Name

Representative's Pronouns They /Them She /Her He /Him I don't know Pronouns not listed: _____

These pronouns and title will help us address your representative respectfully during the application process.

Representative's Title Mx. Ms. Mrs. Mr. Dr. I don't know Title not listed: _____

Representative's Mailing Address

City/Town

Province/State

Postal/ZIP Code

Country

Telephone (Daytime)

Telephone (Other)

Fax Number

Correspondence information

On applications for Certifications to Court, WCAT corresponds with participant(s), or if they are represented, with their representative(s) by email.

Email address for correspondence with WCAT

If you or your representative do not have access to email, check the box.

No access to email

Will you be participating in the application?

If you participate, you will receive a copy of submissions and documents concerning this application and relevant claim information. You will be invited to make a written submission or 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 application.

Yes, I will participate.

No, I do not want to participate.

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Indigenous persons appearing before WCAT	
Are you, if you are self-represented, or are any of the parties you represent, 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.	
<input type="checkbox"/> Yes, I am <input type="checkbox"/> Yes, I represent the following Indigenous person(s): _____ <input type="checkbox"/> No <input type="checkbox"/> Other, please explain: _____ <input type="checkbox"/> I choose not to answer this question	

Information requested from respondent	
Are there other court actions (e.g. a Part 7 Action) arising out of this event? If yes, attach a copy of the filed pleadings for each related action and provide on an attached page the name of the court action, and the names of the counsel involved and the parties they represent.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are examination(s) for discovery complete?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
If yes, please provide WCAT a copy of the transcript(s) for all examinations for discovery conducted in the court action. Other parties to the court action are responsible for obtaining their own copy.	If no, please advise by what date you anticipate they will be completed (YYYY-MM-DD):
Are there any additional determinations required beyond those identified in the application?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Identify the determinations requested	
For each determination you are requesting, please identify if you are alleging that the person or firm was or was not a worker, or an employer. If you want a determination that someone was or was not a worker, please identify whether or not you alleged that the worker in the course of employment, and whether their injuries or conduct arose out of employment. If you want a determination that someone was or was not an employer, please identify whether you seek a determination that the alleged employer was or was not engaged in an industry at the material time	
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested

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Form check-list

- Did you answer all of the questions? Call us if you need help filling out this form.
- Did you identify what determinations you are seeking?
- Did you provide copies of examinations for discovery, if complete?
- Did you use additional page(s)? Number of additional pages attached _____

Certification and authorization

- a) **For submitting your application by email:**
I, _____, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:
I confirm the information on this form is correct and complete. I authorize disclosure of information relating to this Certification to Court application to my representative named above and to the other parties to this application for the purposes of this application and as allowed under section 314 of the *Workers Compensation Act*.
- b) **For submitting your application by facsimile or Canada Post: the form must be signed.**
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 application active. I authorize my representative named above to act on my behalf in this application.

Signature

Date Signed: (YYYY-MM-DD)

X

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 privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form. Email is not a secure medium. Any message or attachment you send by 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.