

**Notice of Participation – Occupational Health and Safety
Interested Parties**

Last revised June 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 have you been invited to participate in?

WCAT appeal number (e.g. A2109999)	Name of the appellant	WorkSafeBC employer account number
Review Division decision number (e.g. R0123456)	Review Division decision date (YYYY-MM-DD)	

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.

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.

<input type="checkbox"/> I am the Worker Representative on the Inspection Report	<input type="checkbox"/> I am the on the employer's Joint Health and Safety Committee	<input type="checkbox"/> I am the Worker Representative on the employer's Safety Committee
Last Name	First Name	
Your Pronouns <input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> Pronouns not listed: _____	Your pronouns and title will help us address you respectfully during the appeal process.	
Your Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Title not listed: _____		
Employer's business/firm name	Your job title/position	
Work mailing address	City/Town	Province/State
		Postal/Zip Code
Country	Telephone (Work)	Fax Number (Work)
		Telephone (Personal)
Email address where WCAT can send appeal-related emails	WCAT may communicate with you by encrypted email. WCAT will only send email related to appeals or applications in which you are participating, and/or a notification that this form was received.	<input type="checkbox"/> I prefer mail If you do not want WCAT to communicate with you by email, check this box.
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 _____		

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 be able to contact me or the appeal will proceed without my participation.

Full name (please print) **Signature** **Date Signed (YYYY-MM-DD)**
X

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