

Notice of Participation – Relief of Costs – Interested Party

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.
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 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 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.

<input type="checkbox"/> I am the worker		<input type="checkbox"/> I am other (please explain): _____	
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: _____			
Your email address will be used in two ways: <ul style="list-style-type: none"> 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.	
<input type="checkbox"/> I prefer mail	If you do not want WCAT to communicate with you by email, check this box. WCAT will only use your email address to let you know the claim file can be downloaded.	<input type="checkbox"/> 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.
If you are the contact of a business/firm	Business/firm name	WorksafeBC employer account number	Job title or position
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

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 _____

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WCAT Appeal Number _____

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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		<input type="checkbox"/> I have a friend/family member representing me	
Name of Organization		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 <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> I don't know <input type="checkbox"/> Pronouns not listed: _____			These pronouns and title will help us address your representative respectfully during the appeal process.
Representative's Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> I don't know <input type="checkbox"/> Title not listed: _____			
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 you about your appeals(s) or applications. by WorkSafeBC to let them 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. <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	Provide an email address if you want WCAT to send you all letters and decisions about your appeals by email.	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 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 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>			

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.