

Notice of Participation

Revised October 2023

**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
Additional information about the appeal/application (Review Reference number, WorkSafeBC claim or employer account number, WCAT appeal number of the decision being reconsidered, your preferred method of appeal, 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.

<input type="checkbox"/> I am the worker		<input type="checkbox"/> I am the dependant of a deceased worker		<input type="checkbox"/> I am an independent operator	
<input type="checkbox"/> I am the employer		<input type="checkbox"/> I am a supplier		<input type="checkbox"/> I represent the union	
<input type="checkbox"/> I am the owner		If you are the employer or part of a business/firm, fill in this row.			
Business/firm name					
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. If you choose not to answer, we will address you with the information we have on file from WorkSafeBC.	
Your Title		<input type="checkbox"/> Mx.			
<input type="checkbox"/> Mrs.		<input type="checkbox"/> Mr.		<input type="checkbox"/> Dr.	
<input type="checkbox"/> Title not listed: _____					
Email address for disclosure		WorkSafeBC will use this address to send you notice of disclosure, which is a copy of the claim file. <b>If you are represented</b> , disclosure will be sent to your representative.		<input type="checkbox"/> I want to receive disclosure by mail	
<p><b>If you are a worker</b> and you cannot receive notifications about the claim file by email, check this box to receive the claim file in the mail.</p>					
<p><b>To get appeal information by email</b>, please sign up for WCAT Online Services (<a href="http://onlineservices.wcat.bc.ca">onlineservices.wcat.bc.ca</a>). If you have not previously signed up for WCAT Online Services, and you have not provided email consent on a previous WCAT appeal, we will send your appeal information to the mailing address you provide below.</p>					
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

**Hearing Method**

If an oral hearing is held, do you need an interpreter? WCAT provides professional interpreters for oral hearings. Family and friends may not interpret for you.  No  Yes If yes, the language (and dialect) I speak is \_\_\_\_\_

If an oral hearing is held, do you plan to bring any witnesses to the hearing? If you are unsure, leave this question blank. You can update this answer later.  No  Yes Names of witnesses \_\_\_\_\_

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

<input type="checkbox"/> I have a professional representative Name of Organization _____ Representative's Last Name _____	<input type="checkbox"/> I have a friend/family member representing me Relationship to respondent (e.g. family member or friend) _____ 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: _____			
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 _____

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

Email address for disclosure \_\_\_\_\_  
 Representatives must provide an email address to receive notice of disclosure, which is a copy of the claim file.

If your representative wants to receive information by email, they must sign up for WCAT Online Services ([onlineservices.wcat.bc.ca](http://onlineservices.wcat.bc.ca)). If your representative has not previously signed up for WCAT Online Services, and has not provided email consent on a previous WCAT appeal, we will send your appeal information to the mailing address you provide below.

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 *Authorization of Representative* form can be found at [WCAT.BC.CA](http://WCAT.BC.CA) > FORMS.

**That authorization**  is enclosed  is on the WorkSafeBC file  is provided by this form (the appellant must sign the form below)

**Workers' Advisers Office only:** \_\_\_\_\_  
 If a workers' adviser providing advice & assistance only is submitting this form, please give the name here. Workers' adviser name:

**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 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.**

**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 *Workers Compensation Act*. 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.

**Full name (please print)** \_\_\_\_\_ **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 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.