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Notice of Participation – Occupational Health and Safety Interested Parties

Last revised August 2025

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 WorkSa		afeBC employer account number			
Review Division decision number (e.g.		Review Division decision date (YYYY-MM-DD)						
Will you be participating in the appeal?			1					
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 abou	it any change	s in this information, or the ap	peal may pro	ceed withou	ut your parti	icipation.	
☐ I am the Worker Representative on the employer's Joint Health the Inspection Report ☐ I am the on the employer's Joint Health and Safety Committee ☐ I am the Worker Representative on the employer's Safety Committee								
Last Name First Name								
Your Pronouns	☐ She/Her ☐	☐ He/Him	☐ Pronouns not I	isted:		Your pronouns and title will help us address you		
Your Title	Ms.	☐ Mr.	□ Dr. □	Title not lis	ted:	respectfully during the appeal process.		
Employer's business/firm name Your job title/position								
Work mailing address		City/To	City/Town		Province/State Postal/Zip Code			
Country Telephone (Work)		Fa	Fax Number (Work)		Telephone (Personal)			
Please note: WCAT Online Services is not available to interested parties			How can WCAT use the email address you provided?					
Email address	WCAT can send me appeal information and acknowledge receipt of this form. WCAT can give my email to WorkSafeBC so they can send me a copy of the occupational health and safety disclosure, if necessary							
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								
Do you need any accommodations to participate in the appeal process?								
An accommodation is an arrangement to help remove a barrier that prevents you from fully participating in the appeal.								
□ No □ Yes, (please explain)								
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 X			Date	e 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.

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