

150 - 4600 Jacombs Road, Richmond, British Columbia, V6V 3B1
Telephone: (604) 664-7800 Toll free: 1-800-663-2782 Fax: (604) 664-7898
Website: www.wcat.bc.ca Email Address for Filing Documents: appeals@wcat.bc.ca

You must complete, sign, and return this form to WCAT within 30 days of the Review Division Decision being appealed.
Make sure that you answer every question. We only require the basic information on this form to start your appeal. You will have an opportunity later on to provide more information to support your appeal.
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. WORKER CLAIM INFORMATION

Worker's Last Name	Worker's First Name
WorkSafeBC Claim Number(s)	

2. INFORMATION ABOUT YOU (APPELLANT)

To keep your appeal active you must tell us about changes in this information.

<input type="checkbox"/> I am the worker.	<input type="checkbox"/> I am the dependant of a deceased worker.		
<input type="checkbox"/> I am the employer.	Employer Firm Name	Job Title of Employer Contact named below	
The purpose of this question is to clarify our understanding about the background of the people appearing before WCAT as part of implementing the calls to action of the Truth and Reconciliation Commission (TRC). Are you an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?			
<input type="checkbox"/> Yes <input type="checkbox"/> Other, please explain: _____			
<input type="checkbox"/> No			
My Last Name		My First Name	
Mailing Address		City/Town	Province Postal Code
Telephone (Daytime)	Telephone (Other)	Fax Number	
extension:	extension:		

3. REVIEW DECISIONS

**A Review Division decision may decide more than one request for review.
List below each Review Reference number you are appealing.**

Review Division Reference Number(s):				
1)	2)	3)	4)	5)
Date of Review Decision you are appealing (YYYY-MM-DD)			Please attach a copy of the first page of the Review Division decision. <input type="checkbox"/> Copy is attached	

4. REASON FOR APPEAL

**Provide a brief answer for each Review Reference number you wish to appeal.
Please attach additional page(s) if necessary.**

The decision is wrong or should be changed because:

5. CHANGE REQUESTED FROM APPEAL

Provide a brief answer for each Review Reference number you wish to appeal. Please attach additional page(s) if necessary.

I would like the decision changed in the following way:

Worker's Last Name: _____ WorkSafeBC Claim Number: _____

6. DISCLOSURE	Your copy of the WorkSafeBC file.
<p>You will receive an email notification when the WorkSafeBC file is available online for downloading from worksafebc.com. If you have a representative, the notification will be sent to the representative's email address. WCAT will use your email address only for the purpose of disclosure of your WorkSafeBC file. We will provide your email address to WorkSafeBC for that purpose. Videos, photographs, and audio statements will be delivered by Canada Post on a DVD up to two weeks after your claim file is available online.</p>	
Email address for Appellant:	
Email address for Representative:	
<input type="checkbox"/> No access to email Please check (✓) the box if you are a worker without email access. If you select this box, your claim file will be delivered by Canada Post.	

7. METHOD OF APPEAL	WCAT will decide how your appeal will proceed. Please indicate your preference below.
<input type="checkbox"/> In writing (through written submissions) <input type="checkbox"/> Verbally (at an oral hearing)	
If requesting an oral hearing, tell us why an oral hearing is necessary:	
If WCAT decides to hold an oral hearing, I would like it to take place in:	
<input type="checkbox"/> Castlegar <input type="checkbox"/> Cranbrook <input type="checkbox"/> Kamloops <input type="checkbox"/> Nanaimo <input type="checkbox"/> Richmond <input type="checkbox"/> Victoria <input type="checkbox"/> Courtenay <input type="checkbox"/> Fort St. John <input type="checkbox"/> Kelowna <input type="checkbox"/> Prince George <input type="checkbox"/> Terrace <input type="checkbox"/> Williams Lake	
NOTE: WCAT provides professional interpreters. Family and friends may not interpret for you. If an oral hearing is held, do you need an interpreter?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, the language I speak is _____ Dialect _____	
If an oral hearing is held, do you plan to bring any witnesses to the hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes	

8. REPRESENTATION	You may appoint one person or an organization to represent you or choose to represent yourself. Please indicate your choice below.		
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 want to appoint an organization as my representative.		Name of Organization	
<input type="checkbox"/> I want to appoint one person to represent me.		Relationship to Person (e.g. family member or friend)	
Last Name of Representative/Organization Contact		First Name of Representative/Organization Contact	
Mailing Address		City/Town	Province Postal Code
Telephone (Daytime) extension: _____		Telephone (Other) extension: _____	Fax Number
This form must be signed by the appellant 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 on our website (www.wcat.bc.ca).			
That authorization <input type="checkbox"/> is enclosed. <input type="checkbox"/> is on the WorkSafeBC file.			

9. CERTIFICATION AND AUTHORIZATION	If you are filing your application by email (appeals@wcat.bc.ca), complete section a). If you are filing your application by facsimile or Canada Post, complete section b).		
<input type="checkbox"/> 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 will notify WCAT if I change my address or phone number. I understand that WCAT must have my current address to keep my appeal active. 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 260 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 or the decision(s) being appealed.			
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 appeal active. 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 260 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 this appeal or the decision(s) being appealed.			
Signature of Appellant or Authorized Representative:		Date Signed: (YYYY-MM-DD)	
X			

Worker's Last Name: _____ WorkSafeBC Claim Number: _____

10. FORM CHECK-LIST

- Number of additional pages attached? _____
- Did you attach a copy of the first page of the Review Division decision(s) you wish to appeal?
- If your appeal is later than 30 days, did you attach a completed *Extension of Time to Appeal* form (found at www.wcat.bc.ca or call us for one)?
- Have you signed or marked the check box in Box 9 above?
- Did you answer all questions? Call us if you need help filling out this form. Send this form as soon as it is complete.
- Did you provide your email address in Box 6 for the purpose of disclosure?

Personal information on this form is collected for the processing and adjudication of a WCAT matter under the *Workers Compensation Act* and section 26(a), (c), (d) of 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 provided above. 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.