

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.
Appealing a Review Division decision does not delay its implementation. A "stay" is when we order WorkSafeBC to delay its implementation of a decision (such as an order that you pay a penalty) while we are considering the appeal.
If you want to apply for a stay you must file an *Application for a Stay* with WCAT within 7 days of the date we received this Notice of Appeal.
You can find this form on our website (www.wcat.bc.ca) under the Forms tab, or call us and we will send you the form.
If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. WorkSafeBC FILE INFORMATION	
WorkSafeBC File/Firm #(s)	Employer/Firm Name
RFS # (if applicable)	Administrative Penalty Order/Inspection Report Number(s) (if applicable)

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 employer <input type="checkbox"/> I am the worker <input type="checkbox"/> I am the owner <input type="checkbox"/> I am the dependant of a deceased worker			
<input type="checkbox"/> I am the union <input type="checkbox"/> I am the supplier <input type="checkbox"/> I am other: _____			
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	
Name of your Organization (if applicable)		Job Title of Contact Person named below (if applicable)	
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 # 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:			

6. WORKPLACE POSTING REQUIREMENT	Proceed to question 7 if this is not an administrative penalty appeal (there is no posting requirement for other types of appeals).
<p>WCAT requires an employer who is a party to an appeal of an administrative penalty (for an occupational health and safety matter) to post a notice of the appeal in one or more conspicuous places at the workplace to bring the appeal to the attention of its employees. The employer must provide WCAT a copy of the posted <i>Notice to Employees of an Appeal to WCAT Concerning an Occupational Health and Safety Matter</i>. You can find this form on our website (www.wcat.bc.ca) or call us and we will send you the form.</p> <p><input type="checkbox"/> The employer has posted a <i>Notice to Employees</i> in the workplace. A completed copy of this notice is attached.</p> <p><input type="checkbox"/> The employer has NOT posted a <i>Notice to Employees</i> in the workplace because _____</p>	

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

8. REPRESENTATION	You may appoint one person or an organization to represent you or choose to represent yourself. Please indicate your choice below.														
<p>Will you be representing yourself? <input type="checkbox"/> Yes (go to next) <input type="checkbox"/> No (please choose one of the following):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;"><input type="checkbox"/> I want to appoint an organization as my representative</td> <td style="border: none;">Name of Organization</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> I want to appoint one person to represent me</td> <td style="border: none;">Relationship to Person (e.g. family member or friend)</td> </tr> </table> <p>Last Name of Representative/Organization Contact _____ First Name of Representative/Organization Contact _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 55%; border: none;">Mailing Address</td> <td style="width: 15%; border: none;">City</td> <td style="width: 10%; border: none;">Province</td> <td style="width: 20%; border: none;">Postal Code</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Telephone (Daytime)</td> <td style="width: 30%; border: none;">Telephone (Other)</td> <td style="width: 40%; border: none;">Fax Number</td> </tr> <tr> <td style="border: none; text-align: center;">extension: _____</td> <td style="border: none; text-align: center;">extension: _____</td> <td style="border: none;"></td> </tr> </table> <p>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).</p> <p>That authorization <input type="checkbox"/> is enclosed. <input type="checkbox"/> is on the WorkSafeBC file.</p>		<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)	Mailing Address	City	Province	Postal Code	Telephone (Daytime)	Telephone (Other)	Fax Number	extension: _____	extension: _____	
<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)														
Mailing Address	City	Province	Postal Code												
Telephone (Daytime)	Telephone (Other)	Fax Number													
extension: _____	extension: _____														

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 you b).
<p><input type="checkbox"/> a) For submitting your application by email:</p> <p>I, _____, understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the following:</p> <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 to keep my appeal active. 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 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.</p> <p>b) For submitting your application by facsimile or Canada Post: the form must be signed.</p> <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 to keep my appeal active. 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 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.</p> <p style="text-align: center;">Signature of Appellant or Authorized Representative: _____ Date Signed: (YYYY-MM-DD) _____</p> <p style="text-align: center;">X</p>	

10. FORM CHECK-LIST

- Number of additional pages attached? _____
- Did you attach a copy of the first page of the 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)?
- Did you attach a completed *Application for a Stay* form if you want to apply for a stay (found at www.wcat.bc.ca or call us for one)?
- Have you signed in Box 9 above?

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.