

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](http://www.wcat.bc.ca) Email Address for Filing Documents: [appeals@wcat.bc.ca](mailto:appeals@wcat.bc.ca)

**You must complete, sign and return this form to WCAT within 90 days of the Reopening 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 Full Name	WorkSafeBC Claim Number(s)
Date of WorkSafeBC Decision(s) you are appealing (YYYY-MM-DD)	<b>Please attach a copy of the first page of the WorkSafeBC Decision(s).</b> <input type="checkbox"/> Copy is attached

**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
Telephone (Daytime)		Telephone (Other)	Fax Number
extension:		extension:	

**3. REASON FOR APPEAL**

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

The decision is wrong or should be changed because:

  
  
  
  
  
  
  
  
  
  

**4. CHANGE REQUESTED FROM APPEAL**

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

I would like the decision changed in the following way:

Worker's Full Name: \_\_\_\_\_

WorkSafeBC Claim Number: \_\_\_\_\_

**5. DISCLOSURE** Your copy of the WorkSafeBC file.

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.

Email address for appellant:

Email address for representative:

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.

**6. METHOD OF APPEAL** WCAT will decide how your appeal will proceed. Please indicate your preference below:

In writing (through written submissions)  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:

- Castlegar  Cranbrook  Kamloops  Nanaimo  Richmond  Victoria
 Courtenay  Fort St. John  Kelowna  Prince George  Terrace  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?

No  Yes, the language I speak is \_\_\_\_\_ Dialect \_\_\_\_\_

If an oral hearing is held, do you plan to bring any witnesses to the hearing?  No  Yes

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

Form with fields for: Name of Organization, Relationship to Person, 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 Authorization of Representative form can be found on our website (www.wcat.bc.ca).

That authorization  is enclosed.  is on the WorkSafeBC file.

**8. 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).

Section 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 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 or the decision(s) being appealed. Section 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 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 this appeal or the decision(s) being appealed. Signature of Appellant or Authorized Representative: X Date Signed: (YYYY-MM-DD)

Worker's Full Name: \_\_\_\_\_

WorkSafeBC Claim Number: \_\_\_\_\_

**9. FORM CHECK-LIST**

- Number of additional pages attached? \_\_\_\_\_
- Did you attach a copy of the first page of the WorkSafeBC decision(s) you wish to appeal?
- If your appeal is later than 90 days, did you attach a completed Extension of Time to Appeal form (found at [www.wcat.bc.ca](http://www.wcat.bc.ca) or call us for one)?
- Have you signed in Box 8 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.

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.