

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

IMPORTANT: To participate you must sign and return this form to WCAT within 14 days of our invitation letter.
 If we do not receive a response from you within this timeframe, the appeal will proceed without your participation.
 If you are printing this blank document and filling it in by hand, please print clearly using black or blue ink.

1. IDENTIFY THE APPEAL

The appeal was started by (appellant's name):		WCAT No.(s) e.g. A1809999
Date of decision appealed (YYYY-MM-DD)	WorkSafeBC File/Firm #(s)	Review Division Reference#(s) (if applicable)

2. WILL YOU BE PARTICIPATING IN THE APPEAL?

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. If you decide not to participate, WCAT will send you only a copy of our final decision on the appeal.

Yes, I will participate. No, I do not want to participate.

3. 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 the 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 the claim file is available online.

Your email address:

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.

4. INFORMATION ABOUT YOU (RESPONDENT)

You must tell us about any changes in this information, or the appeal may proceed without your participation.

I am the employer I am the worker I am the dependant of a deceased worker 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)?

Yes Other, please explain:

No

Name (Company/Organization/Individual)		Contact Person and Title/Position (if relevant)		
Mailing Address		City/Town	Province	Postal Code
Telephone (daytime)	Telephone (other)	Fax Number		
extension:	extension:			

NOTE: WCAT supplies professional interpreters. Family or 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: _____

