

150, 4600 Jacombs Road, Richmond, B.C. V6V 3B1 Tel: (604) 664-7800 | 1-800-663-2782 Fax: (604) 664-7898 | wcat.bc.ca

## Notice of Participation – Certification to Court – Interested Persons

Revised June 2022

To participate in the section 311 application you must sign and return this completed form to WCAT within 14 days of our invitation If we do not receive a response from you by this date, the application will proceed without your participation. When printing this blank document and filling it in by hand, please print clearly using black or blue ink and mail to the address above. The application before WCAT Name of Court Action Court Registry and Registration # WCAT Reference No.(s) Date of Event (YYYY-MM-DD) Will you be participating in the application? If you participate, you will receive a copy of submissions and documents concerning this ☐ Yes, I will participate application and relevant claim information. You will be invited to make a written submission or attend an oral hearing if one is held. If you decide not to participate, WCAT ☐ No, I do not want to participate will send you only a copy of our final decision on the application. If you are filling out this form on behalf of more than one interested person with the same Information about the interested person(s) representative, please attach an appendix. Last Name First Name Your pronouns and title Your Pronouns ☐ They/Them ☐ She/Her ☐ He /Him ☐ Pronouns not listed: will help us address you respectfully during the ☐ Title not listed:  $\square$  Mx. ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. Your Title application process. Postal/ZIP Code Mailing Address City/Town Province Telephone (Other) Fax Number Telephone (Daytime) Country If you are a contact Name of business/firm WorkSafeBC Employer Account #, if known person for a business or firm: You may appoint a person or an organization (with or without a specific contact) to represent you, or you Information about the representative may represent yourself. If you are represented, WCAT will correspond with your representative. Will you be representing yourself? ☐ Yes (go to next section) ☐ No (complete this section): I ast name First name I want to appoint an individual without a firm to represent me. Title/Position (if relevant) Name of Firm I want to appoint a firm as my representative. These pronouns and Representative's ☐ I don't Pronouns not listed: ☐ They/Them ☐ She/Her ☐ He /Him title will help us address Pronouns know your representative ☐ I don't ☐ Title not Representative's respectfully during the ☐ Mx. ☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr. Title know listed: application process Mailing Address City/Town Province/State Postal/ZIP Code Country Telephone (Daytime) Telephone (Other) Fax Number Correspondence information On applications for Certifications to Court, WCAT corresponds with Email address for correspondence with WCAT participant(s), or if they are represented, with their representative(s) by email. ☐ No access to email If you or your representative do not have access to email, check the box

(WCD751) Page 1 of 2

Notice of Participation –
Certification to Court - Interested Person

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Indigenou	us persons appearing before	WCAT		
Indigenous If you self-ic support and	ancestry: Inuit, Metis, First Nation lentify, you can work with a WCAT	s, non-status, status, an Navigator to tell your st	resent, an Indigenous person (includes a person of anyone with First Nations ancestry)? tory. These experienced staff members can offer neutral service is part of implementing the Truth and Reconciliation	
	n ☐ Yes, I represent the following	g Indigenous person(s)	):	
□ No	$\square$ Other, please explain:			
Certification and authorization				
a)	For submitting your application	by email:		
<b>b</b> )	I,			
Personal inforn	nation on this form is collected for the proces	sing and adjudication of a WC	CAT matter under the Workers Compensation Act and the Freedom of	

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 privacy information, please contact WCAT's Freedom of Information Coordinator at the address or telephone number on the top of this form. 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.

(WCD751) Page 2 of 2