

WCAT WORKERS COMPENSATION APPEAL TRIBUNAL

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NOTICE OF INTENT TO PARTICIPATE

If you wish to participate in the appeal filed by the appellant, you must complete and return this form to WCAT within 21 days from notification of the appeal from this office, otherwise we will assume you do not wish to participate, and you will receive no further communication from this office.

1. APPEAL INFORMATION	
Please check one of the following:	
<input type="checkbox"/> Worker Appeal	<input type="checkbox"/> Employer Appeal Claim #
Date and Number of the IR Decision Being Appealed	
2. YOUR INFORMATION	
Name	
Company (if applicable)	
Address	
Phone	
Email	
3. WILL YOU BE PARTICIPATING IN THE APPEAL? If you participate you will have the opportunity to make written submissions and participate in the oral hearing. You can request that WCAT disclose the case documents as filed, as well as request a copy of the final decision. If you do not complete this form, WCAT will resolve the appeal without disclosure or further communication with you.	
Please choose all boxes that apply:	
<ul style="list-style-type: none"><input type="radio"/> Yes, I wish to participate.<input type="radio"/> Yes I wish to receive a copy of the case documents.<input type="radio"/> Yes, I wish to receive a copy of the decision.<input type="radio"/> All of the above.<input type="radio"/> No, I do not wish to participate.	
4. REPRESENTATION: All participants before the Appeal Tribunal may choose to be represented. You may be self-represented or choose the Worker Advisor, the Employer Advisor, or someone else, such as a friend, lawyer, etc. Please note that if you designate a representative, all future correspondence and disclosure of documents will be sent only to your representative.	
Please choose one of the following boxes:	
<ul style="list-style-type: none"><input type="radio"/> I intend to represent myself.<input type="radio"/> I intend to be represented by the Employer Advisor.<input type="radio"/> I intend to be represented by the Employer Advisor.<input type="radio"/> I wish to designate the following as my Authorized Representative.	
Authorized Representative Contact Information	
Name	
Agency	
Address	
Phone & Email	

Please be sure to complete page 2

DECLARATION, CONSENT AND SIGNATURE. Please read this section carefully. Both you and your Authorized Representative **MUST** sign this form prior to submitting the Notice of Appeal.

Both you and your Authorized Representative declare that you have read and understand these statements:

1. Parties to the appeal process are those people with a direct interest in the matter. They may include:
 - A worker
 - Dependents of a deceased worker
 - The worker's employer on the date of accident
 - The Workers Compensation Board
 - Representatives of any of the above
2. A copy of this Notice of Appeal will be sent to the Workers Compensation Board and all other parties to the appeal process. They will each have the right to their own representation and to present evidence on the appeal. PLEASE NOTE – NO NEW EVIDENCE CAN BE PRESENTED TO WCAT ON AN APPEAL.
3. You and your Authorized Representative consent to WCAT's disclosure of information about the appeal to:
 - WCAT Tribunal Members
 - The Workers Compensation Board
 - Other parties to the appeal process who have indicated their intention to participate

The information may include personal, medical, earning and work-related information you and your Authorized Representative consent to their use of this information for the purpose of this appeal.

4. You and your Authorized Representative also agree:
 - The documents or records disclosed in this matter will only be used for the purpose of the appeal
 - The documents will be kept confidential and secure
 - You will comply with any other conditions or restrictions WCAT may impose regarding the use and disclosure of documents or records.

Appellant

Signature:

Print Name:

Dated:

Representative

Signature:

Print Name:

Dated: