

**Notice of Participation – Certification to Court – Respondent**

Revised July 2022

**To participate in the section 311 application you must sign and return this completed form to WCAT within 14 days of our invitation letter.**  
If we do not receive a response from you by this date, the application will proceed without your participation.  
When filling out this form, please print clearly using black or blue ink and mail it 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)

**Information about the respondent(s)**

To keep your application active you must tell us if this information changes. If you are filling out this form on behalf of more than one applicant with the same representative, please attach an appendix.

Respondent Name		Role in the Court Action (e.g. Plaintiff, Defendant, Third Party etc.)	
Your Pronouns <input type="checkbox"/> They/Them <input type="checkbox"/> She /Her <input type="checkbox"/> He/Him <input type="checkbox"/> Pronouns not listed: _____		Your pronouns and title will help us address you respectfully during the application process.	
Your Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Title not listed: _____			
Mailing Address	City/Town	Province/State	Postal/ZIP Code
Country	Telephone (Daytime)	Telephone (Other)	Fax Number
<b>If you are an individual</b>	Date of Birth (YYYY-MM-DD)	Care Card # or WorkSafeBC Claim #, if filed	
<b>If you are a contact for a firm:</b>	WorkSafeBC Employer Account #, if known		

**Information about the representative**

You may appoint a person or an organization (with or without a specific contact) to represent you, or you may represent yourself

Will you be representing yourself? <input type="checkbox"/> Yes (go to next section) <input type="checkbox"/> No (please choose one of the following):			
<input type="checkbox"/> I want to appoint a firm as my representative.	Name of Firm	Title/Position (if relevant)	
<input type="checkbox"/> I want to appoint an individual without a firm to represent me	Name		
Representative's Pronouns <input type="checkbox"/> They /Them <input type="checkbox"/> She /Her <input type="checkbox"/> He /Him <input type="checkbox"/> I don't know <input type="checkbox"/> Pronouns not listed: _____		These pronouns and title will help us address your representative respectfully during the application process.	
Representative's Title <input type="checkbox"/> Mx. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> I don't know <input type="checkbox"/> Title not listed: _____			
Representative's 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 participant(s), or if they are represented, with their representative(s) by email.	Email address for correspondence with WCAT
If you or your representative do not have access to email, check the box. <input type="checkbox"/> No access to email	

**Will you be participating in the application?**

If you participate, you will receive a copy of submissions and documents concerning this 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 will send you only a copy of our final decision on the application.	<input type="checkbox"/> <b>Yes, I will participate.</b>  <input type="checkbox"/> <b>No, I do not want to participate.</b>
--	---

Notice of Participation –  
 Certification to Court – Respondent

Name of Court Action \_\_\_\_\_

WCAT Reference Number \_\_\_\_\_

Revised July 2022

**Indigenous persons appearing before WCAT**

Are you, if you are self-represented, or are any of the parties you represent, an Indigenous person (includes a person of Indigenous ancestry: Inuit, Metis, First Nations, non-status, status, and anyone with First Nations ancestry)?

If you self-identify, you can work with a WCAT Navigator to tell your story. These experienced staff members can offer neutral support and make sure that cultural sensitivities are respected. This service is part of implementing the Truth and Reconciliation Commission's Calls to Action.

Yes, I am       Yes, I represent the following Indigenous person(s): \_\_\_\_\_

No       Other, please explain: \_\_\_\_\_       I choose not to answer this question

**Information requested from respondent**

Are there other court actions (e.g. a Part 7 Action) arising out of this event? If yes, attach a copy of the filed pleadings for each related action and provide on an attached page the name of the court action, and the names of the counsel involved and the parties they represent.

Yes       No

Are examination(s) for discovery complete?

Yes       No       Not applicable

If yes, please provide WCAT a copy of the transcript(s) for all examinations for discovery conducted in the court action. Other parties to the court action are responsible for obtaining their own copy.	If no, please advise by what date you anticipate they will be completed (YYYY-MM-DD):
---	---

Are there any additional determinations required beyond those identified in the application?

Yes       No

**Identify the determinations requested**

For each determination you are requesting, please identify if you are alleging that the person or firm was or was not a worker, or an employer. If you want a determination that someone was or was not a worker, please identify whether or not you alleged that the worker in the course of employment, and whether their injuries or conduct arose out of employment. If you want a determination that someone was or was not an employer, please identify whether you seek a determination that the alleged employer was or was not engaged in an industry at the material time

Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested
Name	Determination Requested

Notice of Participation –  
Certification to Court – Respondent

Name of Court Action \_\_\_\_\_

WCAT Reference Number \_\_\_\_\_

Revised July 2022

**Form check-list**

- Did you answer all of the questions? Call us if you need help filling out this form.
- Did you identify what determinations you are seeking?
- Did you provide copies of examinations for discovery, if complete?
- Did you use additional page(s)? Number of additional pages attached \_\_\_\_\_

**Certification and authorization**

- 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 authorize disclosure of information relating to this Certification to Court application to my representative named above and to the other parties to this application for the purposes of this application and as allowed under section 314 of the *Workers Compensation Act*.
  - 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 application active. I authorize my representative named above to act on my behalf in this application.  
**Signature** **Date Signed: (YYYY-MM-DD)**
- X**

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.