

WCAT Workers Compensation Appeal Tribunal

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AUTHORIZED REPRESENTATIVE CONSENT FORM

All participants before the Appeal Tribunal may choose to be represented. You could choose the Worker Advisor, Employer Advisor or someone else like a lawyer, friend, or union rep. Complete this form if you choose to be represented or you wish to change your representative. Please note that all future correspondence and disclosure of documents will be sent only to your representative.

1. YOUR CONTACT INFORMATION			
Name		Case I.D. or Firm number	
Company Name (if applicable)			
Address			
Phone		Fax	
Email			
2. AUTHORIZATION			
Please choose one of these boxes:			
<input type="checkbox"/> I authorize the Worker Advisor to represent me.			
<input type="checkbox"/> I authorize the Employer Advisor to represent me.			
<input type="checkbox"/> I authorize the person below to represent me.			
Authorized Representative contact information:			
Name			
Agency			
Address			
Phone		Fax	
Email			
3. CHANGE OF AUTHORIZED REPRESENTATIVE			
I wish to advise that _____ is no longer my representative.			
I wish to appoint _____ as my Authorized Representative. (Please fill in Section 2 above.)			

Please be sure to complete the other side.

4. DECLARATION, CONSENT AND SIGNATURE Please read this section carefully. Both you and your Authorized Representative must sign this form. If you are being represented by the Worker Advisor or Employer Advisor there is no need for their signature.

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 at the date of an accident
 - the Workers Compensation Board
 - representatives of any of these people.
2. A copy of the 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 make 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 members
 - the Workers Compensation Board
 - other parties to the appeal process who have indicated their intention to participate and returned the required form.

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 be used only for the purpose of the WCAT appeal
 - the documents or records 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.

Please sign, print your name and the date:

	You	Your Authorized Representative
Signature:	_____	_____
Print Name:	_____	_____
Date:	_____	_____

Please be sure to complete the other side.

Information on this form is collected under Section 31(c) of the Freedom of Information and Protection of Privacy Act as it relates directly to and is necessary for the processing of an appeal to the Workers Compensation Appeal Tribunal under Section 56(6) of the Workers Compensation Act. For more information, please contact WCAT at 902-894-0278.