

WCAT Workers Compensation Appeal Tribunal

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NOTICE OF APPEAL

This Notice of Appeal must be received by WCAT within 30 days of the date of the Internal Reconsideration (IR) decision.

1. APPEAL INFORMATION			
Please choose one of these boxes: <input type="checkbox"/> Worker Appeal <input type="checkbox"/> Employer Appeal <input type="checkbox"/> Assessment Appeal			
Date and Number of the IR Decision Being Appealed			
2. WORKER INFORMATION			
Name		Case I.D. Number	
Address			
Phone		Fax	
Email			
3. EMPLOYER INFORMATION Please identify the employer at the date of the accident.			
Name			
Company			
Address			
Phone		Fax	
Email			
4. GROUNDS OF APPEAL Please tell us why you think the IR decision was wrong. Use extra paper if necessary.			
I disagree with the decision of the Internal Reconsideration Officer because:			
5. RELIEF How do you think this issue can be resolved? Use extra paper if necessary.			
I believe I am entitled to the following:			

Please be sure to complete the other side.

6. REPRESENTATION 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. Please note that if you choose a representative, all future correspondence and disclosure of documents will be sent only to your representative.

Please choose one of these boxes:

- I intend to represent myself.
- I intend to be represented by the Worker Advisor.
- I intend to be represented by the Employer Advisor.
- I wish to name the person below as my Authorized Representative.

Authorized Representative contact information:

Name			
Agency			
Address			
Phone		Fax	
Email			

7. DECLARATION, CONSENT AND SIGNATURE Please read this section carefully. Both you (the Appellant) 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 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 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.

10WC15-28239

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.