

WCAT Workers Compensation Appeal Tribunal

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 Canada C1A 7N8

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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 File Number	#
Company Name (if applicable)			
Civic / Mailing Address			
Phone		Fax	
Email			
2. AUTHORIZATION			
Please choose one of these boxes:			
<input type="radio"/> I authorize the Worker Advisor to represent me.			
<input type="radio"/> I authorize the Employer Advisor to represent me.			
<input type="radio"/> I authorize the person below to represent me.			
Authorized Representative contact information:			
Name			
Agency			
Civic / Mailing 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.

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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 on the date of the accident
 - . the Workers Compensation Board
 - . representatives of any of these persons.
2. A copy of this Notice of Appeal will be sent to the Workers Compensation Board, and other parties to the appeal process. They will each have the right to make representations 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 relating to the appeal to
 - . WCAT members hearing the appeal
 - . Workers Compensation Board
 - . other parties to the appeal process who have indicated their intention to participate, requested the documents, 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 agree
 - . the documents or records disclosed in this matter will be used only for the purpose of the WCAT appeal
 - . to keep the documents, records and the information contained therein confidential and secure
 - . you will comply with any other conditions or restrictions the WCAT may impose regarding the use and disclosure of documents or records.
5. You and your Authorized Representative also consent to WCAT posting the decision on their website after removing any information which may identify you.

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.