

# Notice of Participation

## Section 1: Particulars of the appeal

Appellant's Last Name and/or Company Name		Given Name(s)
Claim/Account number(s)		

## Section 2: Participation choice

I will participate in this appeal:

- ☐ In-Person  
☐ by Written Submission  
☐ by Teleconference  
by Video Conference

If you want to participate in this appeal, you must fill in this form and return it to the Appeals Commission **within 14 calendar days** from the date of the Appeal and Hearing Notice letter you received from the Appeals Commission.

☐ I will not participate in this appeal

If you decide not to participate in this appeal, please check the box, sign the form, and return it to the Appeals Commission.

The Appeals Commission will presume you do not want to participate in the appeal if we do not receive this form within **14 calendar days** from the date you received the letter from the Appeals Commission notifying you of the appeal. The appeal will go ahead in your absence and the Appeals Commission will notify you of its decision.

If you change your mind and want to participate in the appeal, you must apply to the Appeals Commission to become a participant.

## Section 3: Do you need an interpreter or other accommodations?

Do you need an interpreter? Yes ☐ No ☐

Language and Dialect of the Interpreter: \_\_\_\_\_

### Do you need any other accommodations?

Examples of accommodations can include but are not limited to the need for a chair fitted with a back brace, the support of a service animal, and/or extra breaks during the hearing. If you need any accommodations, please tell us in the space provided below, and you will be contacted to discuss any reasonable accommodation the Appeals Commission can offer.

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## Section 4: Participant information Complete this section if you want to participate in the appeal

If you are participating as an employer, use the company name and give the name of a person in your company we can contact about the appeal.

<b>Name:</b>	Last Name		Given Name(s)	
<b>Contact Person (for participating employers):</b>				
Address	Street		Apartment, Suite, Unit Number or PO Box #	
	City/Town	Province	Postal Code	
Work Phone	Cell Phone	Fax Number	Alternate Phone	
Email Address				

**If your contact information changes, you must update the Appeals Commission immediately.**

## Section 5: Representation

☐ I Have a Representative
 ☐ I Plan to Get a Representative
 ☐ I Will Represent Myself

**If you have a representative, you must submit a separate *Notice of Representation* form at the same time you submit this form. If you plan to get a representative, you must submit the *Notice of Representation* once you have a representative. This gives us the authorization to work with your representative.**

## Section 6: Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

Print the name of the person signing: \_\_\_\_\_

A representative may only sign this form if they are authorized as a representative in this appeal. You must submit a separate *Notice of Representation* to authorize a representative.

**You can file this form by:**

- submitting it online through our website;
- e-mail addressed to [AC.AppealsCommission@gov.ab.ca](mailto:AC.AppealsCommission@gov.ab.ca);
- mail;
- fax; or
- courier or personal delivery to one of our two offices.

**Edmonton**

Appeals Commission for Alberta Workers' Compensation  
1100, 10405 Jasper Avenue  
Edmonton AB T5J 3N4  
Tel: 780-412-8700  
Fax: 780-412-8701

**Calgary**

Appeals Commission for Alberta Workers' Compensation  
2300, 801 – 6<sup>th</sup> Avenue SW  
Calgary AB T2P 3W2  
Tel: 403-508-8800  
Fax: 403-508-8822

You can view our web site at: [www.appealscommission.ab.ca](http://www.appealscommission.ab.ca)

**Collection, Use and Disclosure of Personal Information:**

- The personal information that you are being asked to provide is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*.
- The information will be used for the purpose of processing your request for a hearing with the Appeals Commission for Alberta Workers' Compensation.
- It is important that every party to the appeal knows the case that is to be heard and has an opportunity to respond.
- Because of this, we share all documents related to the appeal with all other parties to the appeal and the Workers' Compensation Board.
- The information you provide may also be used for quality assurance and training purposes.
- If you have any questions regarding the collection, use or disclosure of your personal information, please contact the Appeals Commission.

For Appeals Commission  
Use Only