

**Employment and Assistance
Appeal Tribunal** British Columbia

Notice of Appeal

To start your appeal, you need to send this completed form to the Tribunal within **7 business days** of receiving the ministry's reconsideration decision.

Appellant Information			
Name		Case Number	Reconsideration Service Number
Mailing Address: <i>(Information about your appeal will be sent to the address you submit unless you provide a different address)</i>		City	Postal Code
Email Address		Telephone Number	
Do you consent to communicating with the Tribunal via email?		Yes	No
<i>(If you consent to email, the Tribunal will only send you documents by email and will not send you paper documents)</i>			
What are your pronouns (check one):	he/his	she/her	they/their other:
Reconsideration decision received on:		Month _____	Day _____ Year _____
Reasons for Appeal Tell us why you disagree with the Ministry's reconsideration decision: <i>(Provide a brief summary or add pages. You can give us more information and evidence after you submit this form if you need to. You do not need to send us a copy of the Ministry's reconsideration decision as we will get a copy from the Ministry.)</i>			
Type of Hearing <i>(The Tribunal will attempt to accommodate your request)</i>		Support at Hearing <i>(You may bring an interpreter, for example, a friend or family member to your hearing)</i>	
I would like my appeal to be held (select one):		Do you require the Tribunal to arrange for an interpreter?	
Oral: In person <input type="checkbox"/>		Yes <input type="checkbox"/>	
Telephone <input type="checkbox"/>		If yes, what language or dialect?	
Video-conference <input type="checkbox"/>		Do you require a hearing room with wheelchair access? Yes <input type="checkbox"/>	
In writing <input type="checkbox"/>		What other disability supports do you require?	
Signature			Date (Month/Day/Year) / /

Questions? Call Toll Free: 1-866-557-0035

Mail your completed form to: PO Box 9994 Stn Prov Govt, Victoria, BC V8W 9R7 or email to

eaat@eaat.ca

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, please contact the Employment and Assistance Appeal Tribunal.

Living and working with gratitude and respect on the traditional territories of Indigenous peoples in British Columbia

Mailing address
PO BOX 9994
STN PROV GOVT VICTORIA BC
V8W 9R7

Tel 250-356-6374
Fax 250-356-9687
Email eaat@eaat.ca

Toll free tel 1-866-557-0035
Toll free fax 1-877-356-9687
www.eaat.ca