

# 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.

<b>Appellant Information</b>		
Name	Case Number	Reconsideration Service Number
Mailing Address: <small>(Information about your appeal will be sent to the address you submit unless you provide a different address)</small>	City	Postal Code
	Telephone Number	
Email Address:	Do you consent to communicating with the Tribunal via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your pronouns (check one): he/his <input type="checkbox"/> , she/her <input type="checkbox"/> , they/their <input type="checkbox"/> , other: _____		
Reconsideration decision received on:                      Month _____ Day _____ Year _____		
<b>Reasons for Appeal</b> Tell us why you disagree with the Ministry's reconsideration decision: <small>(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.)</small>		
<b>Type of Hearing</b> <small>(The Tribunal will attempt to accommodate your request)</small>	<b>Support at Hearing</b> <small>(You may bring an interpreter, for example, a friend or family member to your hearing)</small>	
I would like my appeal to be held (select one):  Oral:    In person <input type="checkbox"/> Telephone <input type="checkbox"/> Video-conference <input type="checkbox"/>  In writing <input type="checkbox"/>	Do you require the Tribunal to arrange for an interpreter? Yes <input type="checkbox"/>	
	If yes, what language or dialect?	
	Do you require a hearing room with wheelchair access? Yes <input type="checkbox"/>	
What other disability supports do you require?		
Your 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](mailto: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](mailto:eaat@eaat.ca)**

**Toll free tel 1-866-557-0035**  
**Toll free fax 1-877-356-9687**  
**[www.eaat.ca](http://www.eaat.ca)**