Employment Standards TRIBUNAL

APPLICANT CONTACT INFORMATION FORM

Employment Standards Tribunal	Tribunal Stamp (office use only)
650 -1066 West Hastings Street Vancouver, BC V6E 3X1	
Phone: (604) 775-3512 Fax: (604) 775-3372 Email: registrar@bcest.bc.ca Website: www.bcest.bc.ca	

The Freedom of Information and Protection of Privacy Act applies to the Employment Standards Tribunal. The Tribunal collects personal information to process reconsideration applications under the Employment Standards Act and the Temporary Foreign Worker Protection Act. The Tribunal's Privacy Policy can be found on its website.

WHAT INFORMATION IS REQUESTED IN THIS FORM?

Part A: Applicant Information

Current contact information for the Applicant. If the Applicant is self represented, the Tribunal will use the email or mailing address provided in this section to communicate with the Applicant about the reconsideration application. The Tribunal requires the Applicant's contact information be provided even if the Applicant has a representative.

The Applicant must provide the Tribunal with written confirmation, including their signature, that they have authorized a person to represent them during the reconsideration process at the Tribunal. The signed authorization may be provided as a separate document or included in the submission.

Note: If the Applicant's representative is a lawyer in good standing with the Law Society of BC or a law society in Canada, the Tribunal will accept the lawyer's written notice to the Tribunal that they are representing the Applicant as written confirmation of representation.

Part B: Applicant's Representative Information

Current contact information for the Applicant's representative. If the Applicant has a representative, the Tribunal will use the email or mailing address provided in this section to communicate with the representative about the reconsideration application.

The Tribunal will usually only communicate with a single person representing the Applicant unless expressly requested to do otherwise by the Applicant.

Part C: Applicant Demographic Information (optional)

The Applicant's demographic information includes information about indigenous identity, racial identity, and primary language. This information is confidential. The Tribunal wants to ensure that everyone can access and use its process. We will use this information to help us evaluate how the process works for different groups.



WHAT WILL THE TRIBUNAL DO WITH THIS FORM AND THE INFORMATION YOU PROVIDE IN IT?

The Tribunal will use the contact information you provide in this form to communicate with you or your representative, if applicable, about the reconsideration application. If you provide the Tribunal with an email address, that will be the Tribunal's primary method of communication with you or your representative.

The Tribunal may provide the information in Part A of the Applicant Contact Information Form to the Director of Employment Standards. The Tribunal will not provide a copy of this Form to the Respondent(s) or their representative(s) unless required by law.

WHAT IF I NEED ASSISTANCE COMPLETING THIS FORM?

If you need assistance completing this form, please contact the Tribunal via telephone at 604-775-3512 or email at registrar@bcest.bc.ca.



Part A: Applicant Information

Tribunal communication sent to the Applicant's or their representative's email, fax, or mailing address is deemed to have been served on the Applicant or their representative. The Applicant or their representative must notify the Tribunal in writing of any change to the Applicant's contact information.

	plicant Name e name should be the same as the answer en	tered at Question 1 on the Reconsideration Form.)	
	The reconsideration application is being filed on behalf of an employer or company named the determination.		
	Entity Na	me (business, organization)	
	The reconsideration application is being filed by or on behalf of a complainant or other employee served with the determination.		
	Person First Name	Person Last Name	
	Title / Pronoun for these proceedings:	☐ Mr. / He	
]	☐ Ms. / She	
]	☐ Mx. / They	
		Other:	
☐ The reconsideration application is being filed by or on behalf of a complainant or other employee, who was served with the determined to the complainant or other employee.		•	
	Person First Name	Person Last Name	
	Title / Pronoun for these proceedings:	☐ Mr. / He	
		☐ Ms. / She	
	[☐ Mx. / They	
		Other:	



Email address		
Telephone	 Cellular	
Mailing address (Line 1)		
Mailing address (Line 2)		
City		Province
Country		Postal Code



Part B: Representative Information

Who will represent the Applicant and capplication?	communicate with the Tribunal about the reconsideration			
☐ The Applicant will be self-represent required in this section. You may pr	red (If you select this option, no further information is roceed to Part C.)			
☐ A lawyer				
□ A legal advocate (example: a person who works for a law clinic)□ A representative (example: manager, accountant)				
Name of representative who will comm	nunicate with the Tribunal Person Last Name			
Person First Name	Person Last Name			
Organization name, if applicable: (example: law to title / Pronoun for these proceedings:	firm name) Mr. / He Ms. / She Mx. / They			
	☐ Other:			
Representative's contact information a	and address for delivery			
Email address				
Telephone Cellula	Fax			
Mailing address (Line 1)				
Mailing address (Line 1) Mailing address (Line 2)				
	Province			



Part C: Applicant Demographic Information This section is voluntary. You can complete all, some, or none. Check all that apply. The Tribunal wants to ensure that everyone can access and use its process. We will use this information to help us evaluate how the process works for different groups. Should you choose to provide it, your demographic information is confidential. We do not give it to the Respondent(s) or to the Director of Employment Standards. We may share statistics or "aggregated data" with the public. **Indigenous Identity** ☐ First Nations ☐ Métis ☐ Inuit ☐ Indigenous □ Other: _____ **Racial Identity** □ Indigenous ☐ Black ☐ East Asian ☐ South Asian ☐ Latinx ☐ Middle Eastern ☐ White ☐ Mixed Race ☐ Other: _____ **Primary Language** ☐ English ☐ French □ ASL ☐ Chinese Traditional ☐ Chinese Simplified ☐ Punjabi ☐ Tagalog ☐ Farsi ☐ Korean □ Other: _____