



Consent to Participate in Mediation – 2-Party Appeals

(Ce document est aussi disponible en français)

Instructions

1. Sign and date this form if you agree to participate in the WSIAT's Mediation process.
2. Review our [Practice Direction #6 – Mediation – 2-Party Appeals](#) and [Frequently Asked Questions About the Mediation Process \(2-Party Appeals\)](#).
3. Send us this form as soon as possible.

Call us if you have questions about this form. Our Call Centre is open Monday to Friday 8:30 a.m. to 5:00 p.m.

Call Centre	416-314-8800
Toll-free in Ontario	1-888-618-8846
TTY	Call 711 for Relay Services

1. Appeal Information

Case Name	
WSIAT #	

2. Agreement

1. I agree to try to resolve some or all issues in the appeal by mediation.
2. I understand that if a resolution is reached, I will not need an oral hearing.
3. I understand that the Mediator acts impartially to assist the parties in reaching a voluntary and mutually acceptable resolution on some or all of the issues on appeal. The Mediator does not provide legal advice and has no authority to impose a resolution.
4. I acknowledge that participation in the mediation process is voluntary. I, the opposing party, or the Mediator, may terminate the mediation at any time. If the mediation is terminated, the appeal will proceed to a hearing.
5. I understand that mediations at the WSIAT are confidential. All admissions and other communications made during the mediation process are made “without prejudice” and only for the purpose of resolving the appeal. These communications do not form part of the record at the WSIAT. Given the confidentiality of the process, witnesses are not required for mediations.
6. Should the mediation process fail to produce a resolution and the case goes to a hearing, I understand that all documentary evidence disclosed during the mediation process will be added to the case materials for the appeal, and will be available to the Vice-Chair or Panel who ultimately adjudicates the appeal. Documentary evidence includes, but is not limited to:

2. Agreement (continued)

medical report/records, and employment records that have been properly obtained. It does not include chronologies, personal notes of events, or summaries prepared by the parties to facilitate the mediation process. (Either party can choose to submit these materials and ask that they be included in case materials.) If the mediation is not successful and the case goes to a hearing, it is possible that a party may object to the inclusion of documentary evidence disclosed during the mediation process in the case materials. Under these circumstances, the objection will be referred to a Vice-Chair or Panel for a determination.

7. I understand that, if an agreement on the resolution of the appeal is reached, the Mediator will prepare a Proposed Resolution (PR) incorporating the terms of the resolution for the parties to sign. By signing the PR, I will be confirming that I fully agree with and accept the terms of the PR.
8. If the other party also agrees with and signs the PR, the signed PR will be submitted to a Vice-Chair for approval. If the Vice-Chair approves the PR, they will issue a decision outlining the terms of the resolution with brief reasons supporting the resolution. The WSIAT will then send the decision to the parties and the WSIB.
9. I understand that, if the Vice-Chair who receives the PR does not approve of the resolution, the appeal will then be scheduled for an oral hearing or a hearing in writing before a different Vice-Chair or Panel.
10. I acknowledge that the Mediator cannot be called (is not compellable) as a witness in a WSIAT proceeding or in any other court or tribunal proceeding and that the Mediator's notes or records cannot be admitted in a WSIAT proceeding or in any other court or tribunal proceeding.

3. Certification

We have read and understand the information set out above and agree to participate in mediation.

Appellant's Signature

(If filing electronically, type your first and last names.)

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

Appellant Representative's Signature

(If filing electronically, type your first and last names.)

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

3. Certification (continued)

Respondent's Signature

(If filing electronically, type your first and last names.)

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

Respondent Representative's Signature

(If filing electronically, type your first and last names.)

Date (dd/mm/yyyy)

I am filing this form electronically. This represents my signature.

4. How to Send Us This Form

Fill out, sign, and send us a copy of this form by E-file or mail.

E-File www.wsiat.on.ca under the E-File tab

Mail Workplace Safety and Insurance Appeals Tribunal
500 – 505 University Avenue
Toronto ON M5G 2P2

Accessibility

The WSIAT is committed to providing an environment that is inclusive and accessible to all people. If you need an accommodation, please write to us with the details of your request.

Collection, Use and Disclosure of Personal Information

Information on this form is collected for the proceedings of the Workplace Safety and Insurance Appeals Tribunal (WSIAT). All information is collected in line with the *Workplace Safety and Insurance Act, 1997*. It will be included in the WSIAT file and shared with parties of record of the appeal. This information will only be used for workplace safety and insurance purposes. Questions about the collection of information should be directed to the Freedom of Information and Privacy Coordinator at the WSIAT by calling 416-314-8800 or 1-888-618-8846 (toll-free), or 711 for Relay Services (TTY).