Employment Insurance Board of Appeal of Canada
Conseil d'appel en assurance-emploi du Canada

# ACCOMMODATION REQUEST FORM

Your personal information on this form is collected under the authority of the *Department of Employment and Social Development Act* and the *Employment Insurance Board of Appeal Regulations* to process your appeal of an Employment Insurance reconsideration decision to the Board of Appeal. Completion of this form is voluntary however refusal to provide the requested personal information may result in the form being considered incomplete or ineligible for processing. Your personal information is protected under the *Privacy Act* and accessible under the *Access to Information Act*. It will only be used and disclosed as described in the Personal Information Bank titled the "Employment Insurance Claim Files" (ESDC/PPU 151). Instructions for obtaining this information are outlined in the government publication entitled *Info Source* available at www.canada.ca/infosource-ESDC. You also have the right to request access to your personal information and to request corrections, should you believe the information you provided contains errors or omissions. To request a correction to your personal information, please contact the Employment and Social Development Canada Access to Information and Privacy Office at: NC-COMM-ATIP-AIPRP-GD@hrsdc-rhdcc.gc.ca. If you are not satisfied with our response to your privacy concern or the handling of your personal information, you may contact the Office of the Privacy Commissioner of Canada at www.priv.gc.ca/en/report-a-concern.

The Employment Insurance Board of Appeal is committed to making the appeal process accessible to everyone by providing accommodation measures that promote full and equal participation, to the extent possible. Every effort will be made to meet individual needs and eliminate barriers in accordance with the principles of procedural fairness and the right to a fair hearing.

For more information on accommodation measures, visit www.eiboa-caae.gc.ca

**You will be contacted if more information is required.**

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## YOUR INFORMATION

| First name: | Last name: |
|---|---|
| Telephone number (999) 999-9999: | |

## ELECTRONIC COMMUNICATION

☐ By providing this email address, I authorize the Board of Appeal to communicate with me electronically.

Email address:

Preferred language for correspondence: ◯ English ◯ French

## YOUR ROLE IN THE APPEAL

◯ Appellant ◯ Representative ◯ Other (Specify): _____

**Please provide one of the following reference numbers.** If you don't have the information, the Board of Appeal Secretariat will contact you.

| **Board of Appeal file number (BACA)**<br>(as found on correspondence from the Board of Appeal) | **Record ID or Number**<br>(as found on the notice of reconsideration decision letter) |
|---|---|
| BACA - _____ | Record ID or Number: _____ |

## ACCOMMODATION NEEDED

Please select the type of accommodation needed to take part in the appeal process. Provide as much detail as possible to help ensure that your needs are met.

☐ **Communication access** (e.g., assistive listening systems, sign language (ASL/LSQ))

Specify the language: _____

☐ **Accessible media support** (e.g., braille, alternative formats)

Specify: _____

☐ **Mobility or physical support** (e.g., wheelchair access, service animal)

Specify: _____

☐ **Assistive technology or devices** (e.g., screen reader compatibility, magnifiers)

Specify: _____

☐ **Wellness-related support** (e.g., scheduled breaks, reduced visual/audio stimuli)

Specify: _____

☐ **Other support**

Specify: _____

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## ADDITIONAL DETAILS (optional)

To help us respond to your request, please specify in more detail the nature of the accommodation measure required. Is there anything else we should know that will allow you to take part in the appeal process?

| X _____ Signature | _____ Date (YYYY - MM - DD) |
|---|---|

## HOW TO SUBMIT

### Online

This form can be completed and submitted via the Employment Insurance Board of Appeal website at www.eiboa-caae.gc.ca

### By Mail

Print, complete, sign and send this form to:

Employment Insurance Board of Appeal of Canada
140 Promenade du Portage
Gatineau, Québec K1A 0J9

*** Please keep all original documents.**

**Note: This form cannot be submitted in person at a Service Canada Centre.**

## CONTACT INFORMATION

Visit the Employment Insurance Board of Appeal website at www.eiboa-caae.gc.ca

Call toll-free: 1-833-341-9399

The hours of operation are Monday to Friday from 8:30 am to 4:30 pm local time (excluding statutory holidays).