



Consent and Waiver for Teleconference Hearing or in Absentia Hearing

Protected when completed.

HO File No.	Decision No.
Applicant - Family name	Given name(s)
Representative name	Date of hearing (yyyy-mm-dd)

I am unable to attend my review hearing in person because

This is my authorization for my hearing to proceed (check as applicable):

- by teleconference
 in my absence (*in absentia hearing*)

I understand that this is my only opportunity to appear in person before the Veterans Review and Appeal Board. I also understand that if I did appear in person, my reasonable travel expenses would be covered, as set out in the applicable government regulations and policy. I hereby waive my personal appearance.

Teleconference Review Hearings

My representative has fully informed me that attending a hearing by teleconference and providing testimony by telephone is an alternative to the usual practice of attending the hearing and providing testimony under oath or sworn affirmation.

I am aware that the Panel Members, my representative and I will be connected by telephone during the entire hearing. At the hearing, I agree to swear an oath or make a solemn affirmation that the evidence given by me in the proceedings shall be the truth, the whole truth, and nothing but the truth.

In Absentia Review Hearings

I authorize my representative to appear at the hearing on my behalf and to present my claim to the Board.

The personal information you provide on this form is collected under the authority of the *Veterans Review and Appeal Board Act* and the *Privacy Act*. The purpose for collecting this information is to administer the Veterans Review and Appeal Board (VRAB) program. When you provide this information it is strictly voluntary and does not carry any legal consequence. However, not filling out the form properly may result in an administrative delay.

Once completed and signed, the personal information collected on this form is for internal Veterans Affairs use only and is protected from unauthorized disclosure under the *Privacy Act*. You have the right to access the information and to request changes or add notations, to your personal information.

The personal information collected by VRAB is described in the Personal Information Banks VRAB PPU 080 and/or PPU 095 in the federal Info Source publications.

For further information about your right of access, please contact the VRAB Access to Information and Privacy Coordinator's Office, PO Box 9900, Charlottetown, PE, C1A 8V7.

Signature of applicant	Date (yyyy-mm-dd)	Telephone No.
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This form shall be signed by the Applicant and provided to the Veterans Review and Appeal Board as soon as possible prior to the hearing. The Applicant, and/or his or her representative, shall make every effort to provide the form to the Board no later than one (1) business day prior to the scheduled date of the hearing.