

Client Information

This information is requested for use by the Workers' Advisor of the Northwest Territories and Nunavut, and shall be used only for assisting clients with their Workers' Safety and Compensation Commission (WSCC) claim and for statistical purposes.

Workers Name

WSCC Claim Number

Mailing Address

Postal Code

Phone Number

Email Address

WSCC Case Worker

At the time of your injury:

1. Name of your employer: _____
2. Occupation: _____ # of years in Occupation: _____
3. Your employment status was: Permanent Casual Seasonal Contract
4. Your employment schedule was (select all that apply): Full Time Part Time Rotation Shift
5. Did you have a trades or professional certificate? Yes No If yes, which one _____
6. Brief Description of Nature of Injury: _____
7. Date of Injury _____ Place of Injury Northwest Territories Nunavut
8. Have you ever had a previous claim for a work place injury? Yes No
 - a. If yes, please provide more information _____

Release of Information to a Third Party (Optional):

Please let us know if we have permission to discuss your file with a third party.

Name of Individual

Relationship

Signature

Any Restrictions?

Yes

No

If yes, please indicate what restrictions: