

# Vocational Rehabilitation Contact Sheet

WSCC Claim No: _____										Job Contacts for Period From: YY MM DD To: YY MM DD									
Worker's Name: _____										Worker's Phone No: _____									

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application: No \_\_\_\_\_ Yes \_\_\_\_\_ Submitted Resume: No \_\_\_\_\_ Yes \_\_\_\_\_

Applied in Person: No \_\_\_\_\_ Yes \_\_\_\_\_ Applied by Fax or Mail: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Applied Online: No \_\_\_\_\_ Yes \_\_\_\_\_ Website Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application: No \_\_\_\_\_ Yes \_\_\_\_\_ Submitted Resume: No \_\_\_\_\_ Yes \_\_\_\_\_

Applied in Person: No \_\_\_\_\_ Yes \_\_\_\_\_ Applied by Fax or Mail: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Applied Online: No \_\_\_\_\_ Yes \_\_\_\_\_ Website Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application: No \_\_\_\_\_ Yes \_\_\_\_\_ Submitted Resume: No \_\_\_\_\_ Yes \_\_\_\_\_

Applied in Person: No \_\_\_\_\_ Yes \_\_\_\_\_ Applied by Fax or Mail: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Applied Online: No \_\_\_\_\_ Yes \_\_\_\_\_ Website Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application: No \_\_\_\_\_ Yes \_\_\_\_\_ Submitted Resume: No \_\_\_\_\_ Yes \_\_\_\_\_

Applied in Person: No \_\_\_\_\_ Yes \_\_\_\_\_ Applied by Fax or Mail: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Applied Online: No \_\_\_\_\_ Yes \_\_\_\_\_ Website Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Job Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Application: No \_\_\_\_\_ Yes \_\_\_\_\_ Submitted Resume: No \_\_\_\_\_ Yes \_\_\_\_\_

Applied in Person: No \_\_\_\_\_ Yes \_\_\_\_\_ Applied by Fax or Mail: Fax \_\_\_\_\_ Mail \_\_\_\_\_

Applied Online: No \_\_\_\_\_ Yes \_\_\_\_\_ Website Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**Yellowknife:** Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596  
Toll Free Fax: 1-866-277-3677 • Email: [reportsnwt@wscc.nt.ca](mailto:reportsnwt@wscc.nt.ca)

or

**Iqaluit:** 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501  
Toll Free Fax: 1-866-979-8501 • Email: [reportsnu@wscc.nu.ca](mailto:reportsnu@wscc.nu.ca)

**wscn.nt.ca • wscn.nu.ca**

Ce formulaire est disponible en français.  
 Ćᑕ ᑎᑎᑦᑕᑦᑕ ᑕᑕᑕᑕᑕᑕᑕᑕ ᑕᑕᑕᑕᑕᑕ.  
 Taanna tatatiriilik atuinnuinnauvuq Inuktitut.