Worker Details

Have your work duties been modified?

Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment.

Please indicate if you are working as an apprentice.

Employer Details

Please complete all the information.

Accident Details

Date and time of accident

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

Date accident/injury reported to employer

Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information.

If you could not report your injury immediately, please provide a reason.

Describe fully what happened to cause the injury

In your own words, tell us about your injury. If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.

Example:

Return-to-Work Details

Please complete all the information that applies.

Worker's Last Name:	Worker's First Name:	Initial:
Social Insurance #:	Date of Birth: (Year / Month / Day)	

Employment Type Details

(Complete A or B or C. Select your type of employment.)

A Permanent position employed 12 months of the year:

☐ Permanent full-time ☐ Permanent part-time ☐ Irregular/casual

or B Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):

☐ Seasonal worker ☐ Summer student ☐ Temporary position

Had this injury not occurred, your last day of employment would have been:

Position start: (Year / Month / Day) Position end: (Year / Month / Day) ☐ Estimated, *or* ☐ Actual

How many months or days are workers employed in this position? _____

or C Special employment circumstance:

☐ Sub contractor ☐ Vehicle owner/operator ☐ Welder owner/operator ☐ Commission ☐ Piece work ☐ Volunteer ☐ Self-employed

Do you incur expenses to perform the work (materials, tools, etc.)? ☐ Yes ☐ No Will you receive a T4? ☐ Yes ☐ No

Note: If you have checked any box in 8C please submit a detailed income and expense statement.

Complete all the pages in the form before printing.

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Declaration and Consent

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