



Client Information

This information is requested for use by the Workers' Advisor Office 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.

Worker's Name

Mailing Address

Postal Code

WSCC Claim Number

WSCC Case Worker

Date of Birth (mm/dd/yy)

SIN Number

Home Phone

Work Phone

Fax

Email

At the time of your injury:

1. What was your marital status? married / single / common-law / divorced
2. How many dependent children did you have? _____
3. Name of employer: _____
4. Number of years with that employer: _____
5. Your employment status was: permanent / casual / seasonal / contract
6. Your employment schedule was:
rotation / shifts full time / shifts part time / non shift full time / non shift part time
7. Occupation: _____ # of years in occupation: _____
8. Did you have a trades or professional certificate? _____
9. Date of injury: _____ Place of injury: NT / NU
10. Part(s) of body injured: _____
11. Any previous WSCC claims: Yes / No If yes, claim # _____