



VOCATIONAL REHABILITATION SERVICES JOB SEARCH RECORD SHEET

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX

604 233-9777
Toll-free **1 888 922-8807**

MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number	For the period From _____ to _____
------------------	------------	----------------	-------------------------	---------------------------------------

Vocational Rehabilitation Consultant: UserName

Date	Company		Contact		Comments/ results of contact
	Name		Position		
	Contact person		In person	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address		By fax/ mail	Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
	Phone/ fax		Left résumé	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name		Position		
	Contact person		In person	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address		By fax/ mail	Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
	Phone/ fax		Left résumé	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name		Position		
	Contact person		In person	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address		By fax/ mail	Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
	Phone/ fax		Left résumé	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name		Position		
	Contact person		In person	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address		By fax/ mail	Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
	Phone/ fax		Left résumé	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Name		Position		
	Contact person		In person	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Address		By fax/ mail	Fax <input type="checkbox"/> Mail <input type="checkbox"/>	
	Phone/ fax		Left résumé	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

