WCB Workers Compensation Board of Manitoba

Please return this form to:
Work Placement Registration
Manitoba Education
1567 Dublin Avenue, Winnipeg R3E 3J5

EMPLOYER'S INCIDENT REPORT

Claim No.	2

TO BE COMPLETED BY THE SUPERVISING INSTRUCTOR

Work Placement Information

Business Name		Address (include branch where applicable)		
City	Province	Postal Code	Firm Number **0050153ED**	Telephone No.

Worker Information

Last Name		First Name	
Address			City
Province	Postal Code	Telephone No.	Date of Birth (dd-mm-yyyy)
Social Insurance Number	Male ☐ Female ☐ Other ☐		Job title
School	School Division		Course Name

Incident Details

Date of Incident (dd-mm-yyyy)	Area (s) of injury
Date Reported to Employer	Name and position of person to whom incident was reported.

Please describe the incident in as much detail as possible. (use separate sheet if necessary)

City and province where incident occurred.

If the incident occurred out of province, is the worker's usual place of employment in Manitoba? yes ☐ no ☐

Had the worker been employed outside of Manitoba for 6 months or longer at the time of the incident? yes ☐ no ☐

Did the incident occur on your premises? yes ☐ no ☐

If no, specify name and address of premises where incident happened.

Name and Address of Doctor(s) and/or Hospital(s) who Provided Treatment (if known)

Name	Address

NAME OF SCHOOL : _____

NAME OF PERSON RESPONSIBLE FOR THIS PROGRAM : _____

I certify that the above information is true and complete. I agree to notify the Workers Compensation Board of Manitoba immediately of any changes in circumstances affecting this claim. I understand that the Workers Compensation Act requires me to submit an Employers Incident Report **within 5 days** of notification or awareness of an injury requiring treatment or an absence from work and if I do not do so, penalties may be levied.

X_____ _____ _____

Signature of Supervising Instructor | Title | Date (dd-mm-yyyy)

FOR DEPARTMENT USE

I certify that the above injured person is a student engaged in an approved Work Placement Program.

_____ _____

On behalf of Manitoba Education | Date

SUBMIT FORM