



INMATE'S APPLICATION FOR COMPENSATION

CORRECTIONS AND CONDITIONAL RELEASE REGULATIONS

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION

Answers to fields and questions with an asterisk (*) are mandatory.

* Full name of inmate/claimant:			
Gender: ☐ Male ☐ Female ☐ Another gender		* Finger Print Selection (FPS) No.:	* Date of birth (include copy of birth certificate) (YYYY-MM-DD):
Place of birth:			Marital status:
* Name of institution where injured:		Name of current institution:	
Trusted contact (if applicable) friend or family member who can send and receive updates for the file:			
Relationship to trusted contact:		Phone number of trusted contact (999) 999-9999:	
Email of spouse or trusted contact:			
Address after release (if known):			
Email after release (if applicable):			Phone number after release (if applicable) (999) 999-9999:
Name and contact (phone number and email) of Parole officer (if applicable):			

ACCIDENT

* Date and hour of the accident: _____ a.m. _____ p.m. (YYYY-MM-DD) (HH:MM)	To whom was the accident reported? (name and title)
Date and hour the accident was reported: _____ a.m. _____ p.m. (YYYY-MM-DD) (HH:MM)	
If delay in reporting, please explain why:	
Precise location of the accident (address of institution or other):	
How did the accident occur?	
* Were you performing assigned work when you were injured? Yes No	
If yes, include the description of the process involved and the equipment used:	
Who assigned the work? (name and title)	
Name(s) of Witness(es) of the accident:	
Email address of witness(es) (if applicable):	



DISABILITY

Type of injury you sustained?		
To your knowledge, have you ever had a physical problem or chronic illness that has affected this injury?	Yes	No
Were you able to resume your regular work or activities following the last accident?	Yes	No
If yes, specify date: _____ (YYYY-MM-DD)		

MEDICAL TREATMENT

Was medical aid provided following the accident?	Yes	No	Date: _____ (YYYY-MM-DD)
If yes, by whom? (name and title) _____			
What aid was given? 			
Are you still receiving medical treatment?	Yes	No	
If yes, state the type of treatment(s) (include type of medication): 			
State name(s) and address(es) of treating physician and/or therapist: 			

DECLARATION

I hereby declare all the foregoing is true and correct, and I claim compensation as a result of the injury described above.	
_____ * Signature of the inmate / claimant	_____ Date (YYYY-MM-DD)



Federal Workers' Compensation Service (FWCS)

* Inmate / Claimant Name: _____

PRIVACY NOTICE STATEMENT AND CONSENT FOR INMATES

The information you provide is collected under the authority of the Sections 121 and 127 of the Corrections and Conditions Release Regulations to collect personal medical information in order to coordinate medical assessments and to determine your entitlement to compensation under Corrections and Conditions Release Regulations.

Participation in the Accident Compensation Program for Federal Offenders is voluntary. Refusal to provide personal information will result in exclusion from any potential compensation benefits which you may be entitled to under the Corrections and Conditional Release Regulations, and/or will affect the amount of your compensation. This will also cause your file to be closed.

The Federal Workers Compensation Service (FWCS) within Employment and Social Development Canada (ESDC) is sharing information with other parties for policy analysis, research and/or evaluation purposes. The information you provide may be shared with medical providers and Correctional Services Canada for the purpose of scheduling independent medical assessments, determining your degree of impairment and for the administration of your disability claim under the Corrections and Conditions Release Regulations and *Corrections and Conditions Release Act*, and/or with non-governmental third parties for the purpose of carrying out policy analysis, research and/or evaluation purposes, under the custody and control of the Labour Program. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with sections 34 and 34.1 of the *Department of Employment and Social Development Act* and the *Privacy Act* and other applicable laws.

You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks: ESDC PPU 032 - Federal Worker's Compensation. Instructions for obtaining this information are outlined in the government publication entitled Info Source, which is available at the following web site address: www.infosource.gc.ca. [Info Source](#) may also be accessed on-line at any Service Canada Centre. Additionally, information about programs and information holdings may also be accessed on-line at any Service Canada Centre.

You have the right to file a complaint with the [Privacy Commissioner of Canada](http://www.priv.gc.ca/en/report-a-concern) regarding the institution's handling of your personal information at: www.priv.gc.ca/en/report-a-concern.

AUTHORIZATION AND CONSENT

You have read the **Privacy Notice Statement and Consent** and you understand the nature and effect of your authorization.

* Inmate / Claimant Name

* Inmate / Claimant Signature

Date (YYYY-MM-DD)

* Witness Name

* Witness Signature

Date (YYYY-MM-DD)

Attn : Business Expertise Unit
Federal Workers' Compensation Service (FWCS)
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