

Skills for Success Curriculum Resource Cover Page

Organization

College Sector Committee for Adult Upgrading (CSC)

Curriculum Resource

Using Forms in the Workplace

This resource is best provided to learners as a digital MS Word document. Learners will be introduced to workplace forms and practice filling out an employee information form (fillable Word doc0. Then they will read a workplace incident and fill out a workplace incident form. Marking guide is included at the end.

OALCF Alignment

Competency	Task Group	Level
Competency A -Find and Use Information	A1. Read continuous text	3
Competency B - Communicate Ideas and Information	B3. Complete and create documents	3

Goal Paths (check all that apply)

- Employment
 Postsecondary
 Apprenticeship
 Independence
 Secondary School Credit

Embedded Skills for Success (check all that apply)

- Adaptability
 Numeracy
 Collaboration
 Problem Solving
 Communication
 Reading
 Creativity and innovation
 Writing
 Digital

Notes:

The opinions expressed in this document are the opinions of the College Sector Committee for Adult Upgrading. The Government of Ontario and its agencies are in no way bound by any recommendations contained in this document.

Using Forms in the Workplace

Total /36

Learning in this Module

At the end of this module, you should be able to:

- Understand the purpose of using a workplace form.
- Communicate accurately and effectively through a workplace form

Introduction

Effective workplace communication takes planning, and critical thinking. It requires attention to detail. The information needs to be concise, accurate and appropriate. Workplace forms are often used to collect information. They make it easy to collect info by asking only what is needed.

When filling out any type of workplace form, employees have an important responsibility to provide **complete and correct information**.

Review the table on the following page. The table highlights a selection of different types of workplace forms, their uses, and benefits.

Type of Form	Workplace Use	Benefit
Employee Information Form	<ul style="list-style-type: none"> Collects a new employee's personal information 	<ul style="list-style-type: none"> Employer obtains relevant info about an employee
Expense Report	<ul style="list-style-type: none"> Documents employee expenses 	<ul style="list-style-type: none"> Employer can reimburse employee for qualifying expenses
Purchase Order	<ul style="list-style-type: none"> Documents ordered items (type, quantity and cost) 	<ul style="list-style-type: none"> Keeps track of incoming orders and avoids duplicate orders
Incident Report	<ul style="list-style-type: none"> Documents an incident such as an accident and/or injury 	<ul style="list-style-type: none"> Employer is made aware and can take further action as required
Health and Safety Analysis Report	<ul style="list-style-type: none"> Documents any health and safety concerns 	<ul style="list-style-type: none"> Improvement to Health and Safety policy

Part 1: Completing an Employee Information Form

An Employee Information form is one of the most common workplace forms. It is a way for an employer to collect a new employee's personal information.

Some of the sections on an Employee Information form include the following;

- Personal information
 - full name
 - date of birth
 - social insurance number (SIN)

- address
 - phone number
- Emergency contact information
- Banking information

Most Employee Information forms are similar, but some may have a different format and ask for more information such as educational background or medical information, like allergies. This is why it is always important to carefully read a form when filling it out.

Exercise 1 – Complete an Employee Information Form (16 marks)

Read the below scenario about a new employee.

A new employee, hired as a cake decorator at a local bakery, must fill out an Employee Information form on their first day of work.

During the interview process and before the employee was hired, they made sure to let the employer know that they have a severe peanut allergy. The employer said that it would not be a problem but asked them to document it on their Employee Information form.

Imagine that you are the recently hired cake decorator and complete every section on the Employee Information form.

- a. **Do not enter your own personal information.**
 - b. Use your creativity to complete sections where no specific details were provided
2. Save your file as “Using Forms in the Workplace Exercise 1 - FirstName LastName.docx”
 3. Submit to your instructor for marking.

Employee Information Form

Personal Information

Full Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. SIN: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Cell: Click or tap here to enter text.

Emergency Contact

Full Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text. Cell: Click or tap here to enter text.

Additional Comments (any allergies or medical information you wish to share):

Click or tap here to enter text.

Date: Month-Day-Year Signature: Click or tap here to enter text.

Part 2: Using a Workplace Incident Form

Read through the workplace scenario on the following page.

While reading the scenario, be sure to do the following:

- Note the important information:
 - Who was involved?
 - Where and when did the incident occur?
 - What happened?
 - How did it happen?
 - What was the outcome?

After reading, you will then carefully complete the Workplace Incident form, ensuring all possible incident information is included.

Workplace Incident Scenario

Sammy Kaur was working at the Johnston Boutique stacking shelves with products for the next day. It was toward the end of the day, approximately 8:30pm, just before the store was to close.

Sammy reached up to put the product on the top shelf when the ladder she was standing on collapsed from under her. Sammy fell to the ground from the top of the small ladder.

You were also working that shift. You heard the accident and went to help her. After a brief check-in with Sammy, you called the ambulance as Sammy was in severe pain and was so dizzy, she could not get up.

As a witness to the incident, you know you have a responsibility to report and record all you know about it. The first thing you do is inform your supervisor, Callie Metawabin, who asks you to be sure to complete an incident report form and to send it to her once complete.

Sammy was brought to the hospital where they determined she broke her collar bone and sustained some severe bruising, but thankfully there was no major head trauma. It was recommended she take at least one month off work.

Exercise 2 - Documenting a Workplace Incident (20 marks)

1. Complete every section on the Workplace Incident form so it is ready for your supervisor to review and sign.
 - a. Use your creativity to complete sections where no specific details were provided **(1 mark)**.
2. Save your file as "Using Forms in the Workplace Exercise 2 - FirstName LastName.docx"
3. Submit to your instructor for marking.

Workplace Incident Form

INSTRUCTIONS

Fill out this form to report a workplace incident that resulted in injury, illness, or a near miss.
Return completed form to:

Click or tap here to enter text.

THIS FORM SERVES TO DOCUMENT *select all that apply*

<input type="checkbox"/>	LOST TIME / INJURY	<input type="checkbox"/>	FIRST AID	<input type="checkbox"/>	INCIDENT	<input type="checkbox"/>	CLOSE CALL	<input type="checkbox"/>	OBSERVATION
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INDIVIDUAL AFFECTED To be filled in by person injured / involved, if possible.

NAME OF PERSON COMPLETING REPORT

SUPERVISOR NAME

DATE OF
REPORT

Click or tap here to enter text.

Click or tap here to enter
text.

Month-Day-
Year

PERSON(S) INVOLVED

EQUIPMENT / VEHICLES INVOLVED

Click or tap here to enter text.

Click or tap here to enter text.

INCIDENT DETAILS

LOCATION

DATE OF INCIDENT

TIME

Click or tap here to enter text.

Month-Day-Year

Click or tap
here to enter
text.

WITNESSES

Click or tap here to enter text.

INCIDENT DESCRIPTION Describe tasks being performed and sequence of events.

Click or tap here to enter text.

Was event / injury caused by an unsafe act (activity or movement or an unsafe condition, i.e., machinery or weather)?

Click or tap here to enter text.

TO BE COMPLETED ONLY IF LOST TIME / INJURY OR FIRST AID WAS REQUIRED			
TYPE OF INJURY SUSTAINED:		Click or tap here to enter text.	
CAUSE OF LOST TIME / INJURY OR FIRST AID:		Click or tap here to enter text.	
Was medical treatment necessary?		If yes, name of hospital / physician:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Click or tap here to enter text.	

EMPLOYEE SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
Click or tap here to enter text.	Month-Day-Year	Click or tap here to enter text.	Month-Day-Year

Bibliography

Direct Funding. (n.d.). *Self-Managed Attendant Services in Ontario*. Retrieved January 31, 2023, from https://www.dfontario.ca/df_public/employee_info_form.pdf

Marker, A. (2019, September 19). *Free workplace accident report form templates, checklists, and samples*. Smartsheet. Retrieved December 22, 2022, from <https://www.smartsheet.com/content/workplace-accident-forms>

Marking Guide:

Using Forms in the Workplace

(36 marks)

Exercise 1 – Complete an Employee Information Form (16 marks)

2 marks for correct allergy information

13 marks for complete information (1 mark for each section)

1 mark for creativity (filling in spaces for which no information was given)

(Responses will vary; use your discretion.)

Exercise 2 - Documenting a Workplace Incident (20 marks)

1 mark for creativity (filling in spaces for which no information was given)

(Responses will vary; use your discretion.)

19 marks for correct and complete information (1 mark for each section)