

## Return-to-Work Support Services (RTWSS) Multiple Job Match Request

- Please submit this form prior to submitting the JDA or Cognitive JDA.
- Click the Submit button below to automatically email a copy to the RTWSS Program Manager ([Carly.Higgon@worksafebc.com](mailto:Carly.Higgon@worksafebc.com)) and the Health Care Programs ([HCSINQU@worksafebc.com](mailto:HCSINQU@worksafebc.com)).
- We encourage you to complete this form online and send to us via the Submit button. If you still prefer to print and complete by hand, please scan the completed form and manually email a copy to the email addresses noted above.

Date (yyyy-mm-dd)

### Provider information

Company's name	Company's phone number (include area code)	Payee number
Clinician's name	Clinician's phone number (if different than contact number above)	

### Claim information

Claim number
Has a Job Demands Analysis (JDA) or Cognitive Job Demands Analysis been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Board Officer requested a review of multiple occupations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do the occupations have distinctly different job demands? <input type="checkbox"/> Yes <input type="checkbox"/> No
List all occupations
Provide any additional relevant information

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.