Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYEES' COMPENSATION COMMISSION
4th & 5th Floors, ECC Building, 355 Sen. Gil J. Puyat Avenue, City of Makati
Tel. No. 899-4251; 899-4252 • Fax. No. 897-7597 • E-mail: info@ecc.gov.ph • Website: http://www.ecc.gov.ph

ECC WCPRD FORM 1

APPLICATION FORM

1 x 1 ID picture

I. CLIENT PROFILE

Surname	First Name	Middle Name

☐SSS No. _____	Type of SSS Membership: ☐Employed ☐Self-employed	☐ GSIS No. _____	☐Uniformed Personnel _____

Age:	Sex: ☐Male ☐Female	Civil Status: ☐Single ☐Married ☐Widow/er ☐Separated	Date of Birth: (mm/dd/yyyy) ____/____/_____

Contact information

Land line No.: _____ Mobile No.: _____ E-mail address: _____

Current address:

Permanent address:

II. WORK PROFILE

A. At the time of the Work-Related Accident/Illness

Position:

Name of Company:

Address:

Date of Contingency:	Place of Contingency: ☐Within the company ☐Outside the company
	Brief Description of Contingency:

Cause of Disability (Please check): ☐ Sickness ☐ Injury

Diagnosis:

B. Current Status

☐ Unemployed

☐ Went back to same company [ ]Same Position [ ]New Position
[ ]Same Salary [ ]Lower Salary [ ]Higher Salary

☐ New Company

Name of Company: _____

Address: _____

Position: _____

☐ With existing business

Type of business: _____

III. KAGABAY PROGRAMS

Please check the programs you are interested in:
Training programs (choose one)

☐ Skills Training ☐ Physical/Occupational Therapy ☐ Psychosocial Counselling
☐ Livelihood Training ☐ Prosthesis

If you chose training, please identify the following:

Training Information

a. Course/Livelihood training you are interested in: _____
b. Name and address of the training facility/school:
_____
_____
c. Addressee and Position: _____
d. Telephone number: _____ E-mail address: _____

Signature: _____

Date: _____

Please provide a sketch of your present address

PAHINTULOT: *Pinahihintulutan ko ang Employees' Compensation Commission (ECC) na kolektahin at iproseso ang aking mga personal at sensitibo o natatanging impormasyon upang gamitin sa Rehabilitation Program ng ECC. Pinahihintulutan ko rin ang ECC na ilathala ang aking pangalan sa Transpareny Seal o website ng ECC.*