

ENTRY FORMS

Entry forms are widely used to collect or retrieve information. Errors in completing entry forms or in retrieving information from them can cost time and money. Examples of entry forms include applications, incident reports, invoices, and order forms. Entry forms may be paper or electronic and they have common elements. Understanding what the common elements are will help you to avoid errors and complete tasks using entry forms, efficiently.



KEY POINTS

Entry Forms:

- may be digital or printed documents
- are used to collect information in a compressed format and to present information in a short, efficient format that can be quickly reviewed
- are often poorly-designed and not user friendly
- may have legal implications

Common features of entry forms:

- Categories or sections that organize information, such as, personal information, work history, etc.
- sections may or may not be labelled
- Directions on how to complete and submit the form.
- Rows and columns.
- Abbreviations and acronyms used to save space.
- References and acronyms that are job- or organization-specific, need to be learned.
- Sections that you are NOT supposed to fill out, often indicated by shading.



STEPS

1. When entering information into a form, read all the directions before you start.
2. Scan the form to identify sections that you need to complete and any that will be filled out by someone else.
3. Note the preferred format for times or dates (e.g., 1 PM or 13:00 PM) (e.g., dd/mm/yyyy, mm/dd/yyyy, etc.).
4. Determine how the form will be used and if it is a legal form, such as a logbook or incident report

Purpose(s) of Form	Examples
Collect information	Order form, application form, medical history form
Draw conclusions / make decisions	Customs form, assessment form
Document events	Time card, accident report, medical chart, logbook
Check information	Bills and invoices, claim forms, treatment option form
Provide instruction	Process instructions, recipes


5. Double-check what you wrote and correct any errors. Make sure you completed all required sections.



EXAMPLE

In order to work in Canada, you must have a social insurance number (SIN) and in order to receive a SIN you must complete an entry form either online or in paper format. The features of the SIN form shown below have been marked, to help you identify them.

1. The SIN is an application form. The purpose of the form is to collect information.
2. The directions have been highlighted in yellow.
3. The section of the form to be filled out by someone else has a dashed line around it.
4. The desired format of dates has been underlined.



Government of Canada / Gouvernement du Canada

SOCIAL INSURANCE NUMBER APPLICATION

PROTECTED WHEN COMPLETED - B

2 This application form is not required if you go in-person to apply. Refer to the *Information Guide* or call 1-800-206-7218 (select Option #3) or 506-548-7961 (long-distance charges apply) to determine if you are eligible to apply by mail.

This application form must be accompanied by original document(s).

I am applying for a (an):

<input type="checkbox"/> FIRST SOCIAL INSURANCE NUMBER (SIN)	<input type="checkbox"/> CHANGE OF STATUS
<input type="checkbox"/> UPDATE or CORRECTION TO SIN RECORD	<input type="checkbox"/> CHANGE TO THE EXPIRY DATE ("900 Series SIN")
<input type="checkbox"/> CONFIRMATION OF SIN	<input type="checkbox"/> OTHER - SPECIFY _____
<input type="checkbox"/> LEGAL CHANGE OF NAME	

FINDER NO	DATE
DO NOT WRITE IN THIS AREA	

INFORMATION CONCERNING THE APPLICANT PRINT CLEARLY IN BLUE OR BLACK INK **2**

1	APPLICANT'S NAME TO BE SHOWN ON SIN RECORD	First Given Name _____	Other Given Name(s) _____	Family Name _____			
2	APPLICANT'S DATE OF BIRTH	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>4</u> Day _____</td> <td style="width: 33%;">Month _____</td> <td style="width: 33%;">Year _____</td> </tr> </table>			<u>4</u> Day _____	Month _____	Year _____
<u>4</u> Day _____	Month _____	Year _____					
3	APPLICANT'S GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/> Check if the applicant is a twin, triplet, etc.					
4	APPLICANT'S PARENT'S NAME AT BIRTH	Given Name(s) _____	Family Name at Birth _____				
5	APPLICANT'S PARENT'S NAME AT BIRTH	Given Name(s) _____	Family Name at Birth _____				
6	APPLICANT'S PLACE OF BIRTH	City, Town or Village _____	Province/Territory/State _____	Country _____			
7	APPLICANT'S FAMILY NAME AT BIRTH	_____					
8	OTHER FAMILY NAME(S) PREVIOUSLY USED	_____					
9	DID THE APPLICANT EVER HAVE A SOCIAL INSURANCE NUMBER (SIN)?						
	If yes, write the nine digit number here <u>2</u> - - - <input type="checkbox"/> No <input type="checkbox"/> Unknown (don't recall)						
10	APPLICANT'S STATUS IN CANADA	Check one of the following: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Registered Indian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Other		11			
	IS THE APPLICANT currently residing in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Daytime Telephone Number _____			
				Evening Telephone Number _____			
12	APPLICANT'S MAILING ADDRESS	In care of (if different than the name in item 1) _____					
		Number and Street _____		Apartment, suite or unit No. _____			
		City, Town or Village _____	Province/Territory/State _____	Country _____			
				Postal/ZIP Code _____			

Source: Employment and Social Development Canada [Government of Canada]. *Application for a Social Insurance Number* [NAS-2120-(05-19)]. <https://catalogue.servicecanada.gc.ca/content/EForms/en/Detail.html?Form=NAS2120>. The content may not be current. This partial reproduction is from an official source published by the Government of Canada and is neither affiliated with, nor endorsed by the Government of Canada. Used with Permission.

USING THE SKILL



In the Workplace: Workers use incident reports to document the details of an unusual event that occurred at work, such as an injury to a fellow worker. The details are recorded, as soon as possible, by all people who witnessed the event.

QUESTIONS

Read the description below of an incident that occurred on a job site. Use the information to complete the incident report form that follows.

Tips for writing an incident report:

- Use simple words and describe the event in chronological order.
- Be accurate and honest.
 - Incident reports can be used when dealing with liability or other legal issues, so don't write something you're not sure of.



REFLECTION

How do you use entry forms at work? When do you use them?

Incident Description

On July 16 2018 Jo Walsh was hurt on the job while she was working on an apartment construction site where she was the electrician installing fire alarms. In one of the units there was some left over drywall stacked against a wall and when she walked by it suddenly fell and hit her on the right shoulder. There was a big stack of it and it caused a lot of bruising and swelling. She hasn't been able to move her shoulder properly since then. The apartments are at 11066 East Howe St. and she was in unit 625. It was actually the last unit where she had to install an alarm. Jeff Walker, a plumber, was working in the unit next door and heard Jo yell when the material fell. He went in to check on what had happened, and lifted the drywall out of the way and called EMS because he wasn't sure how badly Jo was hurt. EMS wasn't sure either and thought she definitely needed an x-ray and to have a doctor check her shoulder so they took her to City Centre Hospital. This all started near the end of the day at about 5 pm. The drywallers shouldn't leave unused drywall stacked lengthwise like that. It's too easy for it to fall over and cause an injury. If they are going to leave material behind they should make sure it is supported so it won't fall.

Krista Stewart - Foreperson

July 20, 2018

Legal reference form # (office use only):		
INCIDENT REPORT FORM	Incident rept. form #:	
	Incident report form date (dd/mm/yy):	
TYPE OF INCIDENT		
Environmental Incident - Description	Health & Safety Incident - Description	
Exact location of incident/accident/near miss		Date, hour, shift of incident/accident/near miss
Name of Person	Occupation	At time of incident, working at
Part of body affected by injury	Type of injury	If fatal - Describe
	<input type="checkbox"/> Near miss <input type="checkbox"/> Minor injury <input type="checkbox"/> Fatal occurrence <input type="checkbox"/> Other	
First Aid Details		
Cause of incident/accident/near miss		
Suggested preventive/corrective action to avoid similar incident/accident/near miss in future		
REPORT PREPARED BY (NAME & SIGNATURE REQUIRED)		DATE (dd/mm/yy)

Submit completed form to site Occupational Health & Safety Officer