



ST. CLAIR

COLLEGE

Letter of Authorization to Represent Placement Employer

Please be advised that the following Training Agency (St. Clair College) will serve as the placement Employer's representative in matters pertaining to the Workplace Safety & Insurance Board in this work-related injury.

Training Agency: St. Clair College
 2000 Talbot Rd. West
 Windsor, ON
 N9A 6S4

WSBI Firm # 825-035

Contact Person: Justin Martin – Manager, Health, Safety and Wellness
 Telephone Number: 519-972-2727 ext. 4556
 Fax: 519-972-2752

This section to be completed by the Placement Agency:

_____, unpaid training participant, is claiming that
 (Training participant's name)
 he/she suffered a work related injury on _____, while on work
 (Date)
 placement with our company:

Company Name: _____

Address: _____

WSIB Firm #: _____

Contact Person: _____

Telephone Number: (____) _____

(Placement Agency's Authorization Signature)

(Date)

***Return completed form along with the completed St. Clair College Incident Reporting and Investigation Form to St. Clair College, attention, Justin Martin
FAX number: 519-972-2752***