

**LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT HOST**

***COMPLETE AND SUBMIT THIS FORM WITH A WSIB FORM 7***

***TO QUEEN’S UNIVERSITY ONLY IN THE EVENT OF AN INJURY***

|  |
| --- |
| Please be advised that **QUEEN’S UNIVERSITY**, the Training Agency, is reporting a work related injury on behalf of the placement host identified below and shall serve as the primary contact in matters related to this claim.  **Firm #: 223774AE**  **Contact**  Department of Environmental Health & Safety  **Address:** 355 King Street West, 1st Floor West Wing  **City:**  Kingston  **Province**: Ontario  **Postal Code:** K7L 2X3  **Telephone Number:** 613-533-2999 **- OR -** 613-533-2949  **Email:** [safety@queensu.ca](mailto:safety@queensu.ca) |

|  |  |  |
| --- | --- | --- |
| ***This section to be completed by the Placement Host***  , an unpaid Learner, is claiming that he/she sustained a work related injury/illness on  (Learner’s Name)  Click or tap to enter a date.  while on a Work/Education Placement with our organization. | | |
| **Organization Name:** | **Firm #:** | **Contact Person:**  **Telephone Number:** |
| **Address:**    City:  Province:  Postal Code | **Placement Host’s Authorized Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE:** Click or tap to enter a date. | |