

**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***

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| 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 |

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| ***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. |