



**WORKPLACE SAFETY & INSURANCE BOARD (WSIB)
LETTER OF AUTHORIZATION TO REPRESENT
PLACEMENT EMPLOYER**

Fanshawe College will serve as the Employer's Representative of the Placement Firm/Agency in matters pertaining to WSIB.

Training Agency ("the College"): Fanshawe College
Mailing address (for WSIB account): 1001 Fanshawe College Blvd.
London, ON N5Y 5R6

WSIB Firm Number: 825025

Contact Person: John Hay – Human Resources – F3011
Telephone Number: (519) 452-4430, x4656
Fax Number: (519) 452-4481
Email: ihay@fanshawec.ca

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE PLACEMENT FIRM/AGENCY:

_____, unpaid training participant, is claiming that s/he suffered a work-related injury on _____ while on work placement with our company.

Company Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone Number: _____ **Fax Number:** _____

WSIB Firm Number: _____

Placement Firm/Agency Contact Person:

(Please print name)

Placement Firm/Agency Authorization Signature:

_____ **Date:** _____

In the event of a WSIB reportable injury to a student while on unpaid placement, this form must be completed and submitted along with the Incident Report and MTCU Insurance Form to incident@fanshawec.ca. All forms must be submitted within 3 business days of the date of injury.