

**Letter of Authorization to Represent Employer****Completed by Trent Health & Safety****This section to be completed by Training Agency**

Please be advised that the following Training Agency will serve as the Employer's representative in matters pertaining to WSIB in this work related injury.

Training Agency \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Firm # \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

**Completed by Host Organization****This section to be completed by Placement Employer**

\_\_\_\_\_, unpaid training participant is claiming that he/she  
(Training Participant's Name)  
suffered a work related injury on \_\_\_\_\_ while on work placement with our  
(Date)  
company.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Firm # \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Placement Employer's Authorization Signature\_\_\_\_\_  
Date

To be attached to Form 7 and sent to WSIB.