



Ministry of Training, Colleges and Universities

Ministère de la Formation et des Collèges et Universités

Mowat Block 900 Bay St. Toronto ON M7A 1L2 édifice Mowat 900, rue Bay Toronto ON M7A 1L2

Letter of Authorization to Represent Employer

χ.	This section to be completed by Training Agency
ı & Satety	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.
Health	Training Agency
rent	Address
Completed by I rent Health	City, Province
plete	Postal Code Firm #
Con	Contact Person Telephone #
	This section to be completed by Placement Employer
	, unpaid training participant is claiming that he/she (Training Participant's Name)
ation	suffered a work related injury on while on work placement with our (Date) company.
Completed by Host Organization	Company Name
ost Or	Address
l by H	City, Province
pletec	Postal Code Firm #
Com	Contact Person Telephone Number
	Placement Employer's Authorization Signature Date

To be attached to Form 7 and sent to WSIB.