



Letter of Authorization to Represent Employer

Ministry of Training,
Colleges and Universities
Strategic Policy and Programs Division

Ministère de la Formation et des
Collèges et Universités
Division des politiques stratégiques
et des programmes

Mowat Block
900 Bay Street
Toronto, ON M7A 1L2

Édifice Mowat
900, rue Bay
Toronto, ON M7A 1L2

Letter of Authorization to Represent Employer

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/disease.

Training Agency Western University

Address Room 4159 Support Services Bldg

City, Province London Ontario

Postal Code N6A 5B8 Firm # 825014

Contact Person Christine Stutt Telephone # 519-661-2111 ext 81135

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 disease \_\_\_\_\_ while on work placement with our company.
(Date)

Company name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Placement Employer's Authorization Signature

Date

To be attached to Form 7 and sent to WSIB.