



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

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**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](mailto:ihay@fanshawec.ca)

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**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](mailto:incident@fanshawec.ca). All forms must be submitted within 3 business days of the date of injury.