  

**APPENDIX G**

Ministry of Advanced Education and Skills

Development

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**

**This section to be completed by the 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: Humber College

Address: 205 Humber College Blvd.

City, Province: Toronto, ON

Postal Code M9W 5L7 Firm # 855881

Contact Person Desta McCalla Telephone # 416.675.6622 x4237

**This section to be completed by Placement Employer**

(Training Participant’s Name)

suffered a work related injury on

company.

, unpaid training participant is claiming that they

while on a work placement with our

(Date)

Company Name

Address

City, Province

Postal Code

Contact Person Telephone Number

Placement Employer’s Authorization Signature Date

To be attached to Form 7 and sent to WSIB.