



LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT EMPLOYER

This section is to be completed by the Training Agency (Ryerson)

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

Training Agency: RYERSON UNIVERSITY

Address: 350 Victoria Street

City, Province: Toronto, Ontario

Postal Code: M5B 2K3

Ryerson Program Manager – OR – Placement Coordinator Name: Mindy Harris – OR -Sue Watson
Ryerson Program Manager – OR Placement Coordinator Telephone Number: 416-979-5000 ext 7677 – OR ext 7679

This section to be completed by the Placement Employer (Placement Agency)

_____, unpaid training participant is claiming that he/she
(Placement Student Name)
suffered a work related injury on _____ while on work placement with our
(Date)
company.

Company Name _____

Address _____

City, Province _____

Postal Code _____

Contact Person _____ Telephone Number _____

Placement Employer's Authorization Signature

Date

To be attached to Form 7