



**LETTER OF AUTHORIZATION TO REPRESENT PLACEMENT  
EMPLOYER**

**This section is to be completed by the Training Agency (Toronto Metropolitan University)**

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: **TORONTO METROPOLITAN UNIVERSITY**

Address: **350 Victoria Street**

City, Province: **Toronto, Ontario**

Postal Code: **M5B 2K3**

Director – OR – Placement Coordinators Name: Karline Wilson-Mitchell – OR – Loreto Freire (GTA) / Martha Sharpe (GOA)

Director– OR Placement Coordinators Telephone Number: 416-979-5000 ext 557686 – OR ext \_\_\_ 554807 / ext 557943

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

\_\_\_\_\_, unpaid training participant is claiming that she/he/they  
(Placement Student Name)

suffered a work related injury on \_\_\_\_\_ while on work placement with our company.  
(Date)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Placement Employer's Authorization Signature Date

**To be attached to Form 7**