



Placement Student Confirmation

Placement Employer: _____

Address: _____

Telephone: _____

WSIB Coverage: Is a WSIB covered workplace? (Yes/No) _____

The following student trainees, enrolled at Loyalist College, will be doing their unpaid placement training assignment at your workplace:

Trainee Name	Local Address	Telephone	Trainee Placement Schedule		
			Start Date	End Date	Schedule (Hrs. & Days of the week)

Thank you for providing this valuable learning opportunity for a Loyalist College student.

Form OHS-019(D) - Nov 26/13