

Safe Communities Incentive Program - Registration Form

Sept. 14, 21, 28 and Oct. 5 - Ajax Community Centre



COMPANY NAME:			
PARTICIPANT NAME / TITLE:			
ADDITIONAL PARTICIPANT NAME / TITLE:			
WSIB ACCOUNT NUMBER:		WSIB FIRM NUMBER:	
DO YOU HAVE OTHER WSIB ACCOUNT NUMBERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANNUAL WSIB PREMIUM:	NUMBER OF WORKERS:	LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	BUSINESS ASSOCIATION (if applicable):
STREET ADDRESS			UNIT / SUITE NO.:
CITY/TOWN:		PROVINCE:	POSTAL CODE:
TELEPHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	
Number of attendees: _____ @ \$113.00 = \$ _____			
METHOD OF PAYMENT: Visa MasterCard Cheque			
Card Number:		Exp.:	
Please make cheques payable to: Ajax-Pickering Board of Trade			

PLEASE RETURN THIS FORM BY FAX OR MAIL NO LATER THAN: Friday, September 10, 2010

ATTENTION OF: Ajax-Pickering Board of Trade
144 Old Kingston Rd., Suite 10 - 2nd floor, Ajax, ON L1T 2Z9

Ph 905-686-0883 Fax: 905-686-1057

TERMS AND CONDITIONS OF PARTICIPATION:

1. The SCIP participant is the owner or senior manager*. (see definition below)
2. Employers applying to participate in SCIP must be a Schedule 1 firm paying less than \$90,000 in annual WSIB premiums.
3. Employer account must be in good standing with the WSIB.
4. Employer cannot be part of the Safety Groups program or a past SCIP participant.
5. Employer must attend and complete the "5 Steps to Managing Health and Safety" training course.
6. Employer must complete and submit the program requirements as defined.
7. If asked, employers must cooperate with WSIB spot checks. Employers selected for a spot check will be required to demonstrate all 5 steps of the management system are in place.
8. Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the SCIP evaluation.
9. An employer who experiences a traumatic fatality while participating in the program will be disqualified from participating in the SCIP rebate.

By signing I understand that my firm must meet the terms and conditions of participation. If my firm does not meet or complete the terms and conditions, we will not be eligible for the SCIP rebate.

PARTICIPANT NAME:	TITLE:
SIGNATURE:	DATE:

* **Definition of senior manager:** The key decision-maker within the company who is responsible for approving the allocation of resources on behalf of the company (people, equipment, training, and materials).

For more information about the program please check out:

www.wsib.on.ca

